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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A COUNTRY DOCTOR'S OBSTETRIC RECORD.

BY G. LAW, M. D.,

Of Greeley, Colorado.

May 19, 1872. Mrs. C., primipara. Called in consultation. Medical attendant had tried to apply forceps, but had not yet succeeded, for what reason I do not know, as the head was resting on the perineum. We gave ten grains of quinine in a little whisky and hot water. I then placed my hands on the patient's abdomen and manipulated the uterus during the pains, much in the manner since recommended by Credé for expression of the placenta. Result, a living child born in a few minutes. Recovery normal.

July 24, 1872. Mrs. M., Ipara. Vertex; normal in every respect.

October 4, 1872. S.; very small woman; primipara. Vertex; duration less than one hour. Male; weight seven pounds. Mother had mastitis ultimately; had to lance one breast.

October 12, 1872. Mrs. M., VIIpara. Vertex; normal; duration, two hours.

November 26, 1872. Mrs. DeV. Vertex; normal.

February 8, 1873. Mrs. H., aged thirty-nine, primipara, found in the care of a midwife; had been in labor near thirty hours. Found vertex presenting and almost resting on perineum; woman much exhausted; could scarcely be said to be having pains, uterine contractions had grown so feeble and far apart. Gave whisky and fluid extract ergot and applied forceps and delivered a

large male child, alive and hearty, and slightly lacerated the perineum of the mother. Country doctors were not then generally careful to sew up small rents, and this was small in this structure, and I did not. The midwife sounded my infamy far and wide in that neighborhood for tearing my patient (or hers) "wide open" with my instruments, and I have done no obstetric work in that section since. Mother made a good recovery.

February 8, 1873. Same day, Mrs. T., aged nineteen, primipara, weight about 100 pounds. Vertex. Second stage became very tedious; patient's strength evidently failing. Fearing undue injury to her structures from the head lying so long wedged in the lower strait, I put on the forceps and delivered, alive, a boy that weighed fully twelve pounds. Placenta came in due time and uterus properly contracted. However, as I was about to leave the house I observed the patient suddenly turn pale and gasp. A quick examination revealed the cause—the most profuse and alarming flooding I ever witnessed either before or since. I was appalled. In an instant I remembered a pail of ice water standing in the shed-kitchen that I had passed through during the night. The nurse was in the next room washing the baby. I opened the door, seized the pail of ice-cold water, snatched the covering off the patient, and dashed the pailful of water on her abdomen. The flooding ceased instantly. I then gave ergot, fluid extract, in a teaspoonful-dose; followed it soon with one-half ounce of whisky in hot water, put on a dry bandage, got her on a dry bed, and had no further trouble from the flooding, and the infinite satisfaction of seeing my patient

make as good a getting-up as could be wished.

May 1, 1873. Mrs. R., IVpara, rode twenty miles to this case, and normal in every respect. Patient lived in a sod house; nearest neighbor six miles off, and that neighbor an Indian squaw, the wife of a white man.

June 6, 1873. Mrs. S., primipara; vertex; very tedious second stage; finally delivered with forceps; good normal recovery.

June 12, 1873. Mrs. T., primipara and normal.

July 22, 1873. Mrs. P. IIpara; vertex; normal.

August 28, 1873. Mrs. A., IIIpara; vertex normal.

September 8, 1873. Mrs. W.; vertex; normal; mastitis; breasts lanced; child raised on bottle.

September 8, 1873. Mrs. R., III; vertex; normal in all respects.

September 25, 1873. Mrs. M.; vertex; labor normal; child male, very large; worst case of ophthalmia neonatorum I ever saw; treated with argent. nitras; perfect recovery. Mother had a very extensive prolapsus ani and prostatitis; returned the enormous protrusion under chloroform, tied in a not very well known instrument called a hemorrhodian by its inventor, and kept a stream of ice-water running through the instrument most of the time for four days. This gave great relief, at once effectually subduing the inflammation. This patient has had no trouble since from anal diseases.

October, 1873. Mrs. D.; short labor; twins; first one male, vertex; second, female, breech; both living; recovery normal in every respect. Mother only had milk enough for one; raised the other on bottle.

November 4, 1873. Mrs. L.; vertex; labor and getting up normal.

November 10, 1873. Mrs. B.; vertex; normal.

February 14, 1874. Mrs. B., primipara; vertex; labor short; child male, large; normal recovery.

March 7, 1874. Mrs. B., primipara; child male; vertex; normal.

April 4, 1874. Mrs. M., IIpara; vertex; very lingering second stage; forceps; alive; mother got up well in the usual time.

September 8, 1874. Mrs. N., IIpara; vertex; male; labor short; quick and normal recovery.

September 12, 1874. Mrs. N.; vertex; normal.

October 22, 1874. Mrs. H., primipara; vertex; normal.

December 11, 1874. Mrs. G.; vertex; normal; female; size, large.

March 17, 1873. Mrs. E.; vertex; normal.

March 25, 1875; vertex; normal.

April 28, 1875. Mrs. V.; vertex; normal.

May 4, 1875. Mrs. S.; vertex; child, 7 months, born alive, but died in a few days; mother's recovery normal.

May 10, 1875. Mrs. I.; vertex; normal; labor short.

May 14, 1875; vertex; normal.

May 17, 1875. Mrs. N.; breech; born alive, and followed by a mummified twin that had evidently developed to about the fourth month, died, and by the subsequent growth of its living mate became flattened out as if placed under a press; all parts of its body showed this flattening in a marked degree. The mother had noticed nothing unusual during her period of utero-gestation. She had already borne eight children. The family had always been very poor, and she had worked very hard all her life. Still she was a woman of quite fair intelligence, and would likely have noticed anything unusual if it had occurred. She made a good recovery. Placenta of shriveled ovum likewise mummified—dried.

June 22, 1875. Mrs. F., primipara; free presentation; anterior; forceps; did not tear perineum; child living; mother made a quick and good recovery.

July 10, 1875. Mrs. W., IIIpara; vertex; recovered in usual time.

August 11, 1875. Mrs. C., IVpara; vertex; recovery normal.

September 13, 1875. Mrs. W., primipara; vertex; normal.

October 19, 1875. Mrs. W., IIpara; vertex; lingering second stage; patient's strength obviously failing; forceps; child male, very large, with fontanelles almost closed; alive and hearty; mother's recovery normal; no injury to perineum.

November 2, 1875. Mrs. N., VIpara; vertex; normal.

November 11, 1875. Mrs. W.; vertex; normal.

January 15, 1876. Mrs. W.; vertex; normal.

January 31. Mrs. G.; lived eight miles in the country; child born an hour before I arrived; placenta still retained; flooding until blood had run through or off the bed and stood in pools of frightful size on the bare floor of the cold hovel in which she lived. Gave a teaspoonful fl. ext. ergot; removed placenta, which was found lying in the vagina; passed my hand, and turned immense clots out of the flaccid uterus, and

had the satisfaction of finding it contract firmly and the flooding cease. The patient made a quick and good recovery.

February 4, 1876. Mrs. Q., IIIpara. Vertex; labor short; recovery normal.

February 20, 1876. Mrs. B., IIpara. Vertex normal.

March 6, 1876. Mrs. S. Vertex; normal.

March 16, 1876. Mrs. S., IIIpara. Vertex; normal.

March 21, 1876. Mrs. A. Vertex; normal.

April 6, 1876. Mrs. W., primipara. Vertex; duration thirty hours (twenty-five miles from town); finally put on forceps and was then two hours effecting a delivery. Child alive; weight full twelve pounds. Mother's pelvis of the decided masculine type; perineum uninjured. I have always made it a point to deliver slowly with forceps unless there is some over-mastering reason why I should hurry; generally slip them off when the perineum commences to bulge. Mrs. W. made a good recovery. I have attended her twice since—once using the forceps. Her first boy is now a fine lad.

April 9, 1876. Mrs. H. Vertex; normal.

April 11, 1876. Mrs. D. Child born when I arrived. Uterus contracted on placenta; had to pass hand to remove it. Recovery normal.

May 27, 1876. Mrs. G., primipara. Vertex; labor short and sharp. There is much being said about septic troubles, puerperal fever, etc., in the literature of the profession about this time—locally reinforced by a number of cases that had occurred in our own town under the care of my neighbor, Dr. —. To some of these I had been called in consultation. The local alarm was great—amounting to almost a panic. Our learned city confrères were recommending hot carbolyzed vaginal douches as prophylactic and curative measures. My patient manifested some rise of temperature on my first visit and an alarmed and perturbed manner. I considered hers a case upon which to try the douching—hot carbolyzed water—and gave it myself, and know I did not introduce the nozzle of the syringe into the uterus, but nevertheless the liquid did get there, probably, for my patient had a most agonizing uterine colic, necessitating a hypodermic of morphia before I could leave the house. Nevertheless, she had a good getting up in the usual time. But I was not called as her obstetrician again until last summer—a period of about ten years—she, in the meantime, having to call some one to that service once every two years.

June 25, 1876. Mrs. N., primipara; lived

twelve miles out in the country. Vertex. Nothing noteworthy as to the character of the labor. Saw and delivered her.

June 30. Milk established; lochia about ceased; temperature normal; bowels in good condition; appetite good; considered her safe.

Was recalled on the 3d of July. Found her with a high temperature; very sore abdomen, but not in much pain; milk suppressed.

History.—The weather was hot and the house small and uncomfortable, containing only three rooms; in one of these the cooking had to be done for her husband and two hired men working on the farm. To escape the heat, she took a comforter and went out under the shade of a tree, on ground damp from the contiguity of an irrigating ditch, spread it, and lay down on it and went to sleep. Awakened at the end of two hours in a chill, and sent for me. When I arrived, the chill had been succeeded by the condition above noted.

The case proved one of extensive peritonitis.

Thursday, July 6. Counsel was called. The abdomen was enormously distended with gas, which, as the woman seemed almost, if not quite, moribund, we drew off with an aspirator needle, finding it, evidently, in the peritoneal cavity—not in the lumen of the intestines. She scarcely complained of pain from first to last. Died on Friday night, July 7.

This was the first death to occur in my individual practice from or growing out of childbirth during the whole period in which I had been in civil practice—being ten full years, five of these years embracing a larger practice than the five narrated in this sketch. But of these first years I have preserved no written memoranda that is available. They were done in a country town in Michigan, in connection with an old and excellent practitioner for partner. Several interesting things happened that I would like to narrate if I had any written data. Nothing but careful notes can have any scientific weight with any save myself; hence I forbear.

August 10, 1875. Mrs. W., a feeble consumptive child, scarcely seven months; vertex; easy labor; mother did astonishingly well, and we kept the child alive for five months on bottle-feeding. It finally died from an attack of catarrhal pneumonia.

August 15, 1876. Mrs. E., primipara; vertex; normal.

September 1, 1876. Mrs. C., primipara; vertex; normal.

September 8, 1876. Mrs. N., VIIpara; vertex; normal.

September 21, 1876. Mrs. M., IIIpara; vertex; on the sixth developed metritis; dismissed well fourteen days after, twenty days from confinement.

October 14, 1875. Mrs. I., primipara; vertex; easy, getting up excellent; child had talipes varus of left foot.

October 24, 1875. Mrs. A., VIIpara; vertex; normal, although a Colorado cured consumptive.

October 21, 1875. Mrs. T.; vertex; labor easy followed by a moderate metritis, that yielded in twelve days completely.

December 7, 1876. Mrs. N., VIpara; vertex; labor easy; metritis of ten days duration; final recovery good.

February 26, 1877. Mrs. W., primipara; vertex; labor short, normal.

March 9, 1877. Mrs. N.; vertex; normal.

April 19, 1877; Mrs. W., twins, boy and girl; boy vertex, girl breech; boy large for twins, eight pounds, girl five; amniotic fluid enormous; patient in a very debilitated condition; albumen in the urine; but finally made a good recovery, and raised both her children.

May 8, 1877. Mrs. W.; vertex; labor tedious; flooding severe, followed by some metritis, but eventually made good recovery.

May 22. Mrs. D.; vertex; normal.

June 26, 1877. Child born before I arrived; placenta embraced in a contracted uterus; hand passed and removed; recovery normal.

July 19, 1877. Mrs. J., primipara; vertex; duration 19 hours; female; normal.

August 5, 1877. vertex; duration 10 hours; male; normal.

August 28, 1877. Vertex; male; normal.

September 18, 1877. Mrs. R.; vertex; male; normal.

September 19, 1877. Mrs. P., primipara; weight (mother) 90 pounds; labor tedious—30 hours; no instrumentation; badly lacerated cervix was discovered two months afterwards, on making a speculum examination; to learn why she had not ceased flowing.

September 24, 1877. Mrs. W., IIIpara; short and sharp labor; boy; large; vertex; recovery normal.

September 27, 1877. Mrs. W., primipara; called in consultation after patient had been in labor twenty hours; breech presentation, which her medical attendant had not discovered; complete dilatation of uterine mouth; evidently a large child; pelvis of the so-called male type. Medical attendant was an old man; said he was so physically ex-

hausted that he could not deliver. Gave chloroform, and passed my hand; brought down both feet and delivered body, but was compelled to turn child's body up over the mother's abdomen and extract the head with forceps, but was not able to effect this in time to save the life of the child, a male, weight thirteen pounds; very slight laceration of the perineum; mother had phlebitis, involving one limb from the toe-nails to the abdomen, the worst case I have ever seen; she, however, eventually made a good recovery.

October 2, 1877. Mrs. M., primipara; vertex; but an exceedingly short, sharp labor, with a stellate laceration of the cervix that I assisted her medical attendant to run up a few months afterward; child, boy.

October 25. Mrs. N.; vertex; normal; boy.

November 8, 1877. Mrs. J., primipara; vertex; tedious; girl; profuse flooding, checked by passing a lump of ice into the uterus; gave ergot; recovery normal.

December 11, 1877. Mrs. G.; vertex; female; normal.

December 27, 1877. Mrs. H.; vertex; female; normal.

February 19, 1878. Mrs. C.; vertex; female; seven months; lived three days; mother had pains during three days; tried to allay them with anodynes; failed; normal recovery.

April 5, 1878. Mrs. W.; vertex; duration four hours; recovery normal.

April 11, 1878. Mrs. C.; vertex; duration three hours; female; normal.

June 4, 1878. Mrs. P.; vertex; four hours; male; normal.

June 9, 1878. Mrs. T.; breech; six hours; female; alive; normal.

June 13, 1878. Mrs. M.; vertex; one hour; female; normal.

June 25, 1878. Mrs. W., primipara; six hours; male; normal.

June 27. Mrs. B., primipara; vertex; tedious second stage, head would not descend into pelvis; forceps; took two hours to deliver after forceps were locked; perineum badly torn; washed and sewed up at once; healed nicely; made a normal recovery.

July 20, 1878. Mrs. T.; vertex; duration 36 hours; thin, hard cervix; gave morphia, and suspended labor for ten hours, when pains returned in fine style, with condition of cervix entirely changed for the better; female; recovery normal, except that during four days the urine had to be drawn with the catheter, which the patient did for herself after the first time.

July 31, 1878. Mrs. H.; vertex R.; female; four hours; normal.

August 6, 1878. Mrs. R.; vertex L.; male; six hours; normal.

August 10. Mrs. B., primipara; vertex R.; six hours; female; normal.

August 14. Mrs. N.; breech; six hours; male; large; normal.

August 23. Mrs. L.; vertex R.; six hours; owing to the extreme nervousness of this patient, gave chloroform very freely; normal recovery.

September 8, 1878. Mrs. W.; vertex R.; six hours; male; normal.

September 8, 1878. Mrs. B.; vertex L.; tedious in second stage, forceps; got up a little more slowly than might be termed normal, but a good one finally.

November 10, 1878. Mrs. W., primipara; vertex R.; eighteen hours; male; normal.

November 15, 1878. Mrs. W., primipara. eighteen hours; female; normal.

December 3, 1878. Mrs. M.; face; anterior; nineteen hours; male, ten pounds; recovery normal.

December 30, 1878. Mrs. F.; vertex; three hours; female; normal, notwithstanding Mrs. F. had a very decided mitral regurgitation.

January 20, 1879. Mrs. W.; vertex R.; duration thirty-six hours; I was not called until thirty hours had passed; abdomen so ponderous that I am certain the uterus lay far outside of the pubic arch, with its fundus directed forward and the cervix directly toward the promontory of the sacrum. Fortunately the ostium vaginae was so voluminous that I easily passed my rather small hand, else I could not possibly have made out the presentation. Liq. amnii excessive, the woman having most agonizing pains, but apparently making no progress. She was also excessively obese. I should have sent for counsel, only I was ten miles in the country, the night bitterly cold (30°—), the wind blowing a hurricane, the family too poor to pay for counsel, no one but the husband in reach whom I could send, and no one in the town at that moment for whose judgment I cared a straw. Ruptured the membranes; procured a long and large farmer's roller towel, pinned it firmly around the abdomen, and made the patient lie strictly on her back. I placed my hands under the uterus, and lifted during each pain, and finally had the satisfaction of having the head engage in the superior strait, after which the child, a moderate-sized female, came like a bolt from a catapult. The mother made as good a recovery as could be wished.

January 18, 1879. Mrs. B., primipara. Vertex; R.; thirty hours; male; large; recovery good.

April 2, 1879. Mrs. H., Ipara. Vertex; R.; four hours; female; had slight metritis; eventually good recovery.

April 19, 1879. Mrs. C., a feeble consumptive. Her child born before I arrived; placenta lying in vagina; flooding furiously; quickly removed placenta; checked hemorrhage by injecting water at temperature of 120°. Mrs. C. made a slow, but fairly good recovery.

April 29, 1879. Mrs. H. Vertex; R.; three hours, female; normal.

May 2, 1879. Mrs. R., primipara. Vertex; R.; seven hours; Female; recovery normal.

May 11, 1879. Mrs. W. Vertex; left; female; ten hours; normal.

June 8, 1879. Mrs. H. Vertex; R.; male; time not noted; normal.

June 19, 1879. Mrs. C., primipara. Vertex; R.; thirteen hours; male; large; normal.

August 6, 1879. Mrs. D. Vertex; R.; female; twelve hours; normal.

August 15, 1879. Mrs. R., primipara. Vertex; L.; thirteen hours; seemed an easy labor; child, a small, poorly-nourished male; placenta normally delivered. Nevertheless, I was apprehensive of trouble, because of the quite decided swelling of her limbs, dating from one month prior to confinement, with scanty and decidedly albuminous urine which I had failed to notably increase by, as I thought, appropriate medication. I was called away from the house to see another patient only two blocks away, and went soon after the completion of her labor. I had not been gone ten minutes when a messenger came to call me back, saying Mrs. R. was in a "fit." Hastened back and found her in a most violent convulsion, face purple with congestion, the bloody froth being hissed though her clenched teeth, and the whole body jerking with the spasms. Tied up an arm and quickly opened a vein and bled her at least sixteen ounces, when the spasms ceased. Tightened her bandage, examined to see if the uterus was well contracted, gave ten grains of calomel as soon as she could swallow, and a hypodermic of morphia, and at the end of two hours went home. Labor was completed at three o'clock in the morning. At 9 a. m. of the 18th, was called to go eight miles in the country to another obstetric case, so called on Dr. Hawes and asked him to watch Mrs. R. until I returned. At 5 p. m., 16th, he found her again in convulsions; bled again, and gave morphia hy-

podermically. The convulsions ceased under the influence of the venesection, and did not again recur. Nine days' attendance sufficed to see her fairly recovered, and in twenty days the albumen had entirely disappeared from her urine. Eighteen months afterward she was again confined, under the care of some physician in the State of Kansas, whither the family had gone—child, a large, well-nourished female, and no trouble whatever. In the spring of 1883 they moved back to Colorado. May 27, she again consulted me. Pregnant for the third time; limbs enormously swollen; cedematous urine scanty and half albumen; constant and agonizing headache, and most uncontrollable vomiting; could seemingly retain no food or medicine in the stomach whatever. June 3, I called counsel. By this time she was having slight convulsions occasionally; thought to be in about the fourth month; marked heart murmurs. My notes do not state more. We decided to sacrifice the ovum in the hope of saving the mother's life. I pushed a rubber No. 10 catheter four or five inches into the uterus between the membranes and uterine walls, and left it there on the night of the 4th. Labor pains came on, and in two hours she was delivered of a four-months' fetus, secundines coming away without difficulty, and only a very moderate flowing. June 26 was the last visit. Albumen, only a trace; swelling and cedema gone from the limbs; appetite good; no nausea; strength being rapidly regained. The family soon moved back to Kansas, and I learn she has had two children since, and is at the present time in the enjoyment of fair health.

August 16, 1879. Mrs. M., primipara. Vertex; female; lingering; second stage; forceps; recovery normal.

September 1, 1879. Mrs. M. Vertex; short labor, under rather profound chloroform anæsthesia; child, a large male. This woman I had assisted in the operation of sewing up a stellate cervical rent a little less than two years before. Now used the chloroform quite freely, hoping to prevent a recurrence of the former accident. Whether the anæsthesia had the desired effect or not I cannot certainly tell; I do know the cervix was not torn. Recovered soon and perfectly.

September 6, 1879. Mrs. W. Vertex; male; normal.

September 28, 1879. Mrs. W., IIpara. Vertex; male; large; forceps because of prolonged second stage; excellent and quick getting-up. This lady had the breech presentation September 24, 1879, followed by phlebitis, etc., narrated in the preceding pages.

October 2, 1879. Mrs. DeV.; vertex; short labor; female; getting-up somewhat retarded by mastitis; lanced breast; final recovery good; has borne children since under my care without a recurrence of the mastitis.

October 4, 1879. Mrs. J.; vertex; female; normal.

October 9, 1879. Mrs. B.; vertex; female; normal.

October 10, 1879. Mrs. P.; vertex; normal.

November 16, 1879. Mrs. N.; vertex; normal.

November 23, 1879. Mrs. S.; vertex; normal; child female; born alive, but lived only one hour.

January 6, 1880. Mrs. C.; vertex; male; normal.

January 15, 1880. Mrs. S., primipara; consumptive; with a large cavity in left lung; much emaciated; family so poor as to almost lack the absolute necessities of life; vertex; male; large and plump; labor easy and short; good recovery in the usual time; did not nurse her child. General health improved for over two years, when I waited on her again, after which she rapidly declined, and died from her lung troubles.

January 23, 1880. Mrs. P.; vertex; lingering second stage; forceps; female; normal recovery.

January 24, 1880. Mrs. W., primipara; vertex; male; very large; required the use of catheter for four days; had mastitis; lanced one breast; recovery ultimately good.

January 31, 1880. Mrs. P.; vertex; labor short and easy; female; small; normal.

February 19, 1880. Mrs. C., a very small woman, a bad hunchback, and a hæmophile; primipara; had flooded profusely at her former labor; vertex; labor slow; child male; weight ten pounds. Gave a teaspoonful fl. ex. ergot when the head reached the perineum, and filled hypodermic syringe for use if the emergency should come. After placenta came, flooded so frightfully that I gave the hypodermic of ergot in the thigh; injected hot water into the uterus quickly controlled the bleeding, but finally had a little abscess at the site of the hypodermic of ergot. She made a good and quick recovery; nursed her child.

February 21, 1880. Mrs. R., primipara; vertex; at the seventh month; child lived only a few days; patient made good recovery. She brought on the premature labor, as I am fully persuaded, by the persistent use of hot water, used by the vaginal douche instrument, and Davidson syringe. Some

lady friend told her that owing to her age, about 30, she would have a very "hard time," and to prevent it she must use the hot water. She had been putting in most of her spare time for about a week in that work. When I was called the mouth of the uterus was two inches wide and the waters drained off, but the pains very moderate. I am satisfied that she did not intend to bring on premature labor. I have often made use of the hint obtained by this case, and used hot water with excellent effect where dilatation was slow and unduly painful, with a thin and rigid os.

March 6, 1880. Mrs. L., primipara. Vertex; labor short and easy; male; normal.

April 6, 1880. Mrs. T., IIpara. Vertex; R.; male; normal.

May 2, 1880. Mrs. S., VIpara. Vertex; R.; two hours; male; normal.

April 29, 1880. Mrs. F., primipara. Vertex; female; mastitis; breast lanced; raised child on bottle; recovery eventually good.

May 3, 1880. Mrs. K. Vertex; female; normal.

June 21, 1880. Mrs. S., primipara, aged forty. Vertex; delay in second stage: forceps; placenta so firmly attached directly to fundus uteri that it had to be peeled off by my finger-nails; gave ether; perineum torn; washed and carefully stitched at once; united well; good recovery in two weeks.

July 13, 1880. Mrs. T. Vertex; male; normal.

August 9, 1880. Mrs. J. Vertex; female; normal.

September 12, 1880. Mrs. B. Vertex; easy labor; male; normal. The meatus urinarius in this child opened at the frænum preputialis beneath the glans penis; child died when two weeks old.

September 14, 1880. Mrs. W., primipara. Vertex; male; normal.

September 16, 1880. Mrs. T., primipara. Vertex; female; normal.

September 17, 1880. Mrs. M., primipara. Vertex; male; very large; labor tedious; very nervous woman; hardly sane; metritis and septicæmia; dismissed after an attendance of twenty days; eventually made good recovery.

September 25, 1880. Mrs. D., primipara. Vertex; male; normal.

September 30, 1880. Mrs. A., primipara. Vertex; female; normal.

October 6, 1880. Mrs. J., primipara. Vertex; male; normal.

October 19, 1880. Mrs. R., IIIpara. Vertex; female; normal.

October 21, 1880. Mrs. M. Vertex; male; normal.

October 21, 1880. Mrs. S. Vertex; male; October 25, 1880. Mrs. N. Vertex; female; normal.

October 25, 1880. Mrs. J., primipara. Vertex; female; normal.

October 28, 1880. Mrs. W., primipara. Vertex; female; normal.

October 29, 1880. Mrs. W—c, IIIpara. Vertex; male; normal.

November 10, 1880. Mrs. K., primipara. Vertex; female; normal.

(To be continued.)

REPORT OF A CASE OF SICK-HEADACHE.

BY J. C. CUMMINGS, M. D.,

Of Beaver Creek, Minnesota.

Many are the victims of this much dreaded disease (or symptom), which, like many other diseases that the human race are subject to, are alike amenable to treatment by medication, although many of the almost innumerable remedies which are at the physician's command in this enlightened age of medical science, have and do fail to produce the desired effect, which effect we can attribute to many causes, as climate, constitution, and the preparation of the drug used. It should not only be the aim of the physician to procure the most reliable preparations of medicines, but to make climate and the constitutions of each and every patient a study of as much value as that of medicine, which I consider of as much importance or essential to success, and very much more than many of the fictitious problems on which the agitators of medical science are and have been filling the minds of the medical profession, which for the most part must inevitably fall, like many preparations of medicine, into disuse, and become one of the things of the past. Considering then the constitution, climate, condition, and carefully studying the case before you, your diagnosis made, you are ready to prescribe; and last, but not least, consider carefully the financial condition of your patient before you, as this is one of the most essential considerations, as no man is more worthy of a compensation for his services than a physician. Better had he do nothing, than to exhaust his energies and vital powers for naught. You will pardon me from deviating from the subject matter. Case as follows:

Mr. O. A. H. came under my care in April, 1885, age 36, weight 170 pounds,

suffering from periodical attacks of sick-headache occurring about once in two weeks. He had been the subject of this loathsome affection for a period of twelve years, and the degree of severity was in proportion to the number of years affected. The subject was particularly temperate in all his habits, was a lumber dealer, led an active out-door life. Being compelled to abandon his business pursuits for five days each month, he anxiously sought relief, which he had previously sought in vain, and had almost given up in despair, and considered himself a subject doomed to suffer without relief. The attacks came on in the morning, and continued for a period of twenty-four hours with increased severity, until becoming so fatigued that he would pass into a profound sleep, which would last from two to six hours, awaking experiencing none of the symptoms of headache but a feeling of profound depression and lassitude, which continued correspondingly to that of incubation. After a thorough examination, I found him to be a subject of chronic liver trouble, in whom the usual train of symptoms peculiar to these cases were found which are so familiar to the practitioner. I shall not enumerate them. Prescribed nitro-muriatic acid in \mathfrak{zj} doses t. d. in \mathfrak{zvj} of aqua after eating, and the following to be taken as soon as the first symptoms of the headache appeared:

R. Morphis acetat.,	gr. iijss.
Caffeine citrate,	gr. iij.
Ammonis muriat. "s.,"	\mathfrak{zj} .
Spirits ammonis aromaticus,	\mathfrak{zjss} .
Comp. elixir sambul,	\mathfrak{zjss} .
Aqua menth. pip., ad. q. s.	\mathfrak{zjiv} .

M. Sig.— \mathfrak{zj} every ten or fifteen minutes until five doses were taken, if the symptoms continue unabated.

At the usual period the symptoms came on, and the above was administered at once, and I am happy to say the symptoms disappeared with the third dose, never again to appear.

The patient has been under my observation up to the present time. Using his own language: "I consider myself cured, and consider it (the medicine) of more value than the best farm in the northwest." As he begins to show signs of biliousness, I prescribe the mineral acids in doses above given.

I prescribed the same to one other patient, who had been a sufferer from the same disease (headache), but not of a bilious temperament, the fourth dose being sufficient to abort the attack, which has as yet failed to return (16 months ago), under constitutional treatment peculiar to the requirements of the case.

I take pleasure in recommending this formula to the profession for trial, as it has in these cases proved to be an efficient remedy with me.

MEDICAL SOCIETIES.

THE CLINICAL SOCIETY OF MARYLAND.

(Continued from page 432.)

Case 3. Sarcoma Substituting the Sixth Cervical Vertebra.

The last specimen I show you is an interesting one, taken from Mr. D., set. 62 years, a native of South Carolina, who was sent to me from Norfolk, in the latter part of September last. In December, 1885, nine months prior to his coming, he fell from a raised platform, striking the back of his head and neck against a railing which surrounded the dais from which he fell. He was senseless a few moments, but recovered so as to walk to a carriage near by, and he was taken home, where any attempt at reclining caused for several days intense pain in the occipital region and nausea. Two weeks after he was able to move about with a cane, and early in March returned to his work of a machinist with a stiff neck and a tendency to nausea if he attempted to turn it.

In June there appeared on the left side of the neck what he called a kernel, very sensitive to pressure, and was accompanied by intense neuralgic pain in arms, and jerking of the brachial muscles, and as these symptoms increased a restlessness that could only be appeased by bringing him to Baltimore, as he felt confident of recovery if he could only reach there.

When I first saw him he was rather well nourished, was in excellent spirits and presented no abnormal aspect, except that his head projected forward and there was a slight rigidity of the scaleni on the left side simulating a spastic condition of these muscles, very sensitive to pressure. He was unable to move his head toward the left or bend it back. There was no disparity in his pupils or paralysis about his tongue. His grip was diminished more markedly on the left side, and great increase of patella reflex on the same. He was utterly unable to stand alone with his eyes closed, and had the uncertain gait of an ataxic. Soon he began to complain of a constriction about the abdomen and tingling in his feet and legs—the paralysis being much more marked at first in the

upper extremity, and later absolute in lower extremity, bladder, and last of all in the rectum. The Faradic current showed a degenerative reaction in the muscles of the arms and legs, though much subjective relief was given by its employment. At no time was there priapism so common in lesions about the cervical cord. For one day there was inability to speak and trouble in deglutition, but this passed off.

At first I was inclined to suspect a myelitis due to injury, but as the prominence gradually increased in the cervical region I made the diagnosis of a foreign growth most likely sarcomatous. The treatment consisted in absolutely no medication except an occasional laxative (he could not take opium for his pain), and the drawing of his water, in which I am indebted to Dr. Clewell for his kindness in seeing him, alternately, as well as to Drs. Platt and H. Thomas for suggestions. I append the post-mortem examination of Dr. Councilman, who kindly made a most thorough one, and, I am glad to say, found my diagnosis correct. Unfortunately, the case was published throughout the country as a man living with his neck broken for eight months. As far as this can be corrected by this statement, I hope it will be so.

NOTES ON AUTOPSY.

Made by Dr. Johnson, November 1, 1886.

Body of medium size, strongly built, emaciated, slight icterus.

The thorax, arms, and entire posterior portion of the body emphysematous.

Post-mortem discoloration along surface veins.

Neck extensively emphysematous, more on left side.

On left side of neck, along the vertebral column, a hard swelling, apparently the size of a walnut, could be felt.

One of the cervical vertebrae, apparently fifth, very movable. The head rolled freely from side to side, in whatever position it was placed. Incision made along vertebral column from occiput to sacrum. In cervical region there was a space with dura mater of cord at bottom about an inch wide, occupying place of sixth cervical vertebra.

Cord examined from lumbar to cervical region showed no change.

Cervical vertebrae were removed and sawn through.

The entire sixth vertebra, with the exception of articular facets and some small pieces of the arch and spine, was missing. The intervertebral substance above and below

thick and rough. The body of the seventh cervical vertebra was eroded, spongy, and reduced to half-normal size. The body of fifth also eroded, but not so much. There were also eroded surfaces on the arches and spines of fifth and seventh vertebrae, on left side.

On the left side, lying along the seventh vertebra, filling up the loss of substance in its body, and extending up alongside to the fifth vertebra, was an irregular, firm tumor mass, about the size of a small walnut.

Microscopic examination of this showed it to be a round-cell sarcoma of the large-celled variety.

Brain slightly hyperæmic, and meninges oedematous. Dura adherent along longitudinal sinus.

Heart soft and flabby.

Lungs oedematous.

Abdominal organs showed no change of any note.

The cord was soft and much altered from post-mortem changes. Absence of myelitis was shown by teasing fresh particles. No compound granular bodies were found.

W. T. COUNCILMAN.

DISCUSSION.

Dr. F. T. Miles said the paralysis in the arms in Dr. Johnson's case recalled a case in his practice which resulted from pachymeningitis and compression in the cervical region. Paralysis in the upper extremities results from compression in this region.

Dr. L. McLane Tiffany then related a case of a woman æt. 32 years, married, and has a family. Four years ago, while carrying a child, the pain appeared, and increased until after the delivery of the child, which was six months. After another year, and before a second confinement, the pain in the knee again appeared, and after the birth of this child it disappeared. The knee then began to swell. Nine months ago she lost the power of extension, and the knee gradually became more and more fixed, until it finally became fixed at an angle of about 60°. She can bear no weight upon this extremity, and in consequence is obliged to use crutches.

Diagnosis of malignant growths within the condyles was made. There was no fluid within the joint. The patella lay flat upon the condyles, and, notwithstanding the leg was rigidly flexed at an angle of 60°, it was freely movable laterally. Malignancy is the only trouble with which he is acquainted that can so relax the tissues around the joint as to permit of lateral movement of the patella when the limb occupies such a posi-

tion as in this case. It was upon this point that the diagnosis was made.

There was no history of injury. The leg was amputated.

Dr. Chambers thinks this case illustrates Hilton's theory of neurotic origin of the flexed knee without fluid in the joint. He don't think lateral movement of the patella in a flexed knee sufficient to justify a diagnosis of malignancy.

Dr. N. G. Keirle showed the skull from a case of gunshot wound. The bullet had penetrated the eye, passed through the ethmoid bone, and striking against the inner table of the vault of the skull near the junction of the sagittal and lambdoid sutures, glanced off, and was found imbedded in the occipital lobe of the brain, two inches from its point of contact with the skull.

He showed a second skull that had been fractured in the line of the sagittal suture. The force of the blow had caused the bones to be crushed in upon the longitudinal sinuses.

He has made a number of experiments upon the skull in dead subjects, and from his results is unable to sustain the theory of "increase of resistance acquired by dead tissues."

Dr. L. McLane Tiffany thinks Dr. Keirle's first case disproves the directions laid down by Flurhrer, of New York, who, from a single successful case, advocates trephining of the skull for the removal of bullets in the brain. He don't think success would have followed such a procedure in this case.

Dr. Keirle also exhibited an elbow with a lateral dislocation outward of radius and ulna. The epitrochlear had disappeared, and there was a fracture of the olecranon which had been repaired by firm fibrous union. At the coronoid fossa there was an osteophytic growth supposed to be the epitrochlear, which having become fractured, had attached itself to this position.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Regular meeting, February 28, 1887. Laurence Johnson, M. D., President, in the chair.

Dr. P. Albert Morrow read a paper entitled

The Duration of Syphilogenic Influence in Relation to Marriage.

The following conclusions were drawn:

1. The facts of every-day observation show that there is nothing constant in con-

tagion, nothing certain in heredity. Many men marry with a syphilis in full activity of secondary manifestation, and never infect their wives or transmit the disease to their offspring. These negative observations are, however, entirely valueless as a basis for estimating positive results.

2. The modern division of syphilis into secondary and tertiary periods, based upon anatomical forms and processes, does not furnish a safe criterion for determining the contagious or non-contagious character of the lesions.

3. The chronological completion of the secondary stage does not always mark the definite disappearance of the virulent principle; clinical experience shows that late lesions are exceptionally, but none the less certainly, the source of contagion.

4. While in the immense majority of cases the contagious activity of syphilis and its susceptibility of hereditary transmission cease after the third or fourth year, yet well-authenticated observations prove in the most positive manner that these qualities sometimes continue in force much longer, and may be manifest in the fifth and sixth year of the disease, and even later.

5. The aptitude of syphilitic parents to procreate diseased children may persist after the cessation of all specific manifestations; the contagious stage of syphilis is not, therefore, the exact measure of the duration of hereditary influence.

6. The precise date in the evolution of the diathesis when the syphilitic organism undergoes that radical transformation which marks the limit of its contagious or transmissive power, does not admit of mathematical expression.

7. It is probable that this limit varies in different cases, and that many circumstances contribute to advance or defer it.

8. The type of the syphilis, the constitutional peculiarities of the patient, the character of the treatment, the presence or absence of certain conditions which are recognized as factors of gravity in syphilis, all exert a modifying influence.

9. All these elements should be taken into consideration in deciding upon the admissibility of a syphilitic man to marriage; each case should be studied upon its individual merits.

10. The direct paternal transmission of syphilis, without preliminary infection of the mother, may be classed among the most conclusively established facts of medical science.

11. It is, therefore, a dangerous doctrine to teach that the sole risks a syphilitic man

introduces into marriage consist in the contagious accidents he may bear upon his person.

12. The arbitrary designation of a limit of three, or at most four years, as perfectly safe for a syphilitic man to marry, with or without treatment, and irrespective of the actual existence of specific lesions, is unwarranted by science or the teachings of experience.

The conditions of admissibility to marriage formulated by Fournier are much broader, more scientific, more safe. These demand a mild or medium type of the disease, an advanced age of the diathesis, three or four years as the minimum, and a prolonged immunity, eighteen months at least, from specific accidents; if these guarantees of safety are further fortified by sufficient specific treatment, a reluctant consent is given, marriage is tolerated rather than advised.

Dr. F. N. Otis, to whose paper Dr. Morrow had referred, replied at length, and said that he was not alone in claiming that there was a limit to the duration of the syphilitic contagion or its hereditary power; nearly or quite all writers admitted it; it was only a question of time. The majority indeed admitted that few cases of contagion or hereditary transmission took place after the fourth year, or even the third year. That was all he claimed. He did not think the inference could be drawn from his paper that he advocated marriage in all cases after the third year, although he had not known any evil results after that length of time had expired. Reported cases of transmission or inoculation of syphilis after the fifth year were very few, and were unreliable, because other sources of contagion had not been excluded. He claimed that the late lesions of syphilis, or so-called third stage, were sequelæ of syphilis, as nephritis might be a sequela of scarlet fever after the disease had ceased to be contagious.

After further discussion, F. R. Sturgis read a paper on

The Supposed Virus of Chancroid.

In answer to the question which he had propounded, "What is the virus of chancroid?" he answered, "There is none?" "Is it not the result of acute inflammation?" "I believe it is." "What are the sources of chancroid pus?" "They were secretions from different sores or inflammatory processes, provided they were applied to an irritated abraded surface." These were also capable of auto-inoculation, as in ordinary chancroid.

Dr. R. W. Taylor said these views were held almost alone by Dr. Bumstead in 1876. He was glad to see Dr. Sturgis change his ground.

Dr. Sturgis claimed this paper was only additional to another formerly published by him.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

Regular meeting, held February 8, 1887. First Vice-President, P. C. Williams, M. D., in the chair. Wm. E. Moseley, M. D., Secretary.

Dr. L. E. Neale exhibited a very interesting case of

Fœtal Monstrosity,

alive, and nearly one month old, which he thought was probably caused by maternal impressions received during the second month of pregnancy. The case occurred in the outdoor obstetric department of the University of Maryland, over which Dr. Neale has charge.

History.—Sarah Jefferson, mulatto, aged twenty-six years, married, Vpara. A well-developed, evenly-proportioned, rather fair-looking, perfectly healthy, and normal woman. She was married at the age of seventeen years, has always been healthy, has borne perfectly healthy children, and no physical abnormality can be found in her husband.

Her last menstruation was in June (latter part?), 1886. During the following August she visited Druid Hill Park and was very much interested with the sea lions, then on exhibition in their aquatic home in that public resort. Nothing unusual occurred during her gestation, which terminated in labor, January 16, 1887.

She was attended by Mr. W. P. Malone, medical student at the University of Maryland, through whose kindness I am supplied with the case and history, for which I am happy to make public acknowledgment. The labor was normal (L. O. A.), save that the placenta was retained and required the internal introduction of the hand for its removal. Puerperium normal. A rather small, puny male child was born alive, its size being about that of an ordinary eight months' fetus, with the following peculiarities of development. All parts of the body are perfectly natural, except the two upper extremities.

The left arm is represented by a normal humerus and surrounding soft parts. The

forearm is aborted in its development, the radius and ulna being indistinct, the elbow joint ankylosed, and the hand terminating in two fingers webbed together, with nails complete, and thumb freely movable.

The arm is bent backwards, hand somewhat flexed and pronated (rotation at imperfectly formed wrist joint) with thumb downward, somewhat like the flap of a seal.

On the right side, both arm and forearm are wanting. An aborted hand, composed of an irregular finger with no nail and thumb with nail, springs directly from the shoulder joint, which is movable. This extremity, in appearance and motion, closely resembles the fore-flap of a seal. The child is otherwise natural and is thriving fairly well.

I shall not trespass upon the time of the Society by entering into a study of this subject, but will content myself at present by merely quoting a few explanatory remarks from the very recently published second volume of Tarnier's "*Praité de l' Art des Accouchements*," 1886, p. 419-20.

The Unitarian monsters of Autosites constitute the first order in the classification of Geoffroy Saint-Hilaire. This order comprises:

1. Deviations existing in the extremities.
2. Deviations existing in the trunk.
3. Deviations existing in the cranium.
4. Deviations existing in the face.

Each genus comprises several families, and each family several species.

1. *Ectromeles*.—According to Dareste, it appears that the cause of arrest of development of the limbs should be sought for in certain vicious disposition of the amnion, which in pressing upon the limbs impairs their development (?). According to the variety of the defect of development, ectromeli are subdivided into three classes of monsters.

A. *Pholocomeles*.—Here the want of development is confined to the two segments of the extremity, the terminals, viz., hands or feet having acquired their normal dimensions. Centrifugal defect.

B. *Hemimeles*.—Here it appears as if the arrest of development proceeded inversely to the above (A.), viz., from the periphery towards the trunk or as centripetal defect. The hands or feet, as well as forearms and legs, remain rudimentary, while the thighs and arms attain normal dimensions.

C. *Ectromeles*.—Where the arrest of development affects all the segments of the limb which is represented by a small stump in which may be recognized with difficulty the several segments.

Strictly speaking, I do not think that my case comes under any one or two of these types, hence I will leave its classification and nomenclature an open question.

Dr. P. C. Williams reported a case of

Placenta Prævia.

Late in the afternoon of June 16, 1886, Dr. M. called at my house and requested me to go with him to see his wife, who was about to be confined with her first child.

I went at once, and found Dr. E. R. Walker awaiting our arrival.

From these gentlemen I ascertained that Mrs. M. was 36 years of age, had been married about two years, and although not robust she had enjoyed reasonably good health. At times she suffered from neuralgia and other slight malarious symptoms incident to her residence upon the Eastern Shore of Maryland. With this exception her health continued good until the sixth month of her pregnancy, when she had occasional attacks of very severe headache accompanied by dimness of vision. Her urine was normal.

About the close of the seventh month she had a uterine hemorrhage. Examination revealed a long, narrow, rigid vagina, that rendered it difficult to reach the os uteri. The os was undilated, and the cervix still projecting into the vagina. Finding no signs of beginning labor, and no history of injury, and no reasonable explanation of the hemorrhage, the doctors were naturally led to suspect the existence of placenta prævia.

From this time Mrs. M. was confined to the house, and spent the greater part of her time either on the lounge or in bed, and was under the constant supervision of her husband or Dr. Walker.

About two weeks later another hemorrhage supervened, but not sufficiently severe to excite serious apprehension, or seriously to impair Mrs. M.'s strength. A week later moderate bleeding again commenced, but still there were no indications of commencing labor.

Vaginal examination showed that the os was still closed, but the cervix had disappeared. A few days later slight uterine pains were experienced, and there was continuous; moderate oozing of blood, which was increased by any movement made by Mrs. M.

At this period I was called in. I found the vagina unusually long, narrow and rigid, the os uteri had dilated so slightly that I had some difficulty in passing my finger into the cervix.

I thought, after careful examination, that

I could feel the placenta covering the os, and was fully satisfied that we had to deal with a placenta prævia. The parts were all so rigid and unyielding, and the os so slightly dilated, that I felt that active interference was improper. I accordingly advised the tampon, thinking that it would not only restrain the bleeding, but would soften the uterus and vagina, and render it possible to do something towards the delivery of the child.

About three o'clock the following morning (January 17) I was sent for. I found that decided labor pains had set in. I removed the tampon, and found that it had done good service. There had been no hemorrhage, the vagina was still firm, but not so unyielding as before, the os uteri had softened and was dilatable. I could now clearly define an almost central placenta prævia firmly attached to the left side of the os—on the right side of the os I found that the placenta could easily be separated, and that with some difficulty I could pass the edge of the placenta and reach the uterine cavity.

The time for speedy termination of the labor had come. How should it be done? With the forceps? Or by version? The vagina being so long, narrow, and rigid, as I have described, I felt that version would be extremely difficult if not impossible. Therefore, I rejected that method, and determined to try the forceps. By careful manipulation I succeeded in adjusting the forceps in utero without the loss of much time, and without producing much hemorrhage. I immediately made strong traction and brought the head fairly down against the placenta, and to my great relief found that it effectually stopped the bleeding. From this point to the extraction of the child there was no loss of blood. Not a teaspoonful was lost during the remainder of the labor. Chloroform was administered, and its moderate influence maintained until the completion of the labor, which was rendered very tedious by the extreme narrowness of the vagina. After exhausting and strenuous effort extending through two to two and a half hours, I succeeded in delivering a large, well-developed, but dead child.

Before the extraction of the child, in order to guard against uterine relaxation or post-partum hemorrhage, I administered a large hypodermic dose of ergot, which produced and maintained firm contraction of the uterus. There was no difficulty in the delivery of the placenta. In a short time Mrs. M. aroused fully from the chloroform, her color returned, her circulation seemed

good, and she conversed clearly and intelligently. After giving her a cup of hot coffee and talking awhile with her, I left her, congratulating myself on the safe termination of so critical a case.

After breakfast I went to enquire about my patient, and to my great surprise and sorrow I found that she had died suddenly about an hour before my arrival.

Upon inquiry I ascertained that everything progressed favorably for about two hours after I left her, when she was suddenly attacked with intense dyspnoea and restlessness, and died in an hour thereafter!

What was the cause of her death?

There was no post-partum hemorrhage. She was permitted to raise herself upon her pillow, and to turn upon her side.

Could this slight effort have produced syncope? and could that syncope have caused a clot to form in her heart? Or is it possible for a heart clot to form without a preceding syncope?

DISCUSSION.

Dr. H. M. Wilson thought that probably both the hemorrhage and the chloroform contributed toward the fatal result in the case reported. He had lost one case from placenta prævia and considered that his patient died from blood clot. Dr. Wilson had never experienced any trouble from the use of chloroform during labor but did not feel perfectly satisfied as to how thoroughly we are justified in using it instead of ether, which is so generally considered safer.

Dr. W. E. Moseley considered that, so far as regarded the cause of death, the history of the case as reported pointed very directly to concealed hemorrhage.

Dr. B. B. Browne thought the intense dyspnoea, pain, and uneasiness about the chest were nearer the symptoms of heart-clot than of concealed hemorrhage.

Dr. L. E. Neale thought it of far greater practical importance to consider the treatment of placenta prævia rather than to speculate upon the cause of death in the individual case reported. Placenta prævia is recorded as having a maternal mortality of 24 to 40 per cent., while two-thirds of the children are lost before full term, and one-half of those born viable die during the first ten days.

This fearful death rate clearly indicates (1) the necessity of a diagnosis as early as possible, in order to (2) apply the proper treatment. And inasmuch as the woman is never safe until the womb is thoroughly empty, we should disregard the life of the

child to save the mother, and hence he questioned the advisability of allowing such cases to go to full term.

Of course there were special conditions attending special cases that must be met by special modes of treatment, but of all methods thus far proposed, unquestionably delivery by Braxton Hicks' bimanual version, *wherever practicable* (and there are many cases where it is impracticable), had given the best results.

In the *American Journal of Obstetrics*, December, 1884, Lomer reports the following statistics of (cases of placenta prævia treated by bimanual version):

	No of Cases.	Deaths.
Hofmeier	37	1
Behm	40	0
Lomer	101	7
	178	8

Giving a maternal mortality of 45 per cent.! The following table, "*which places the statistics in the most unfavorable light possible, includes every single case, even such as had been treated according to other methods, previous to the employment of the bimanual method of turning:*"

	No. of Cases.	Deaths.
Hofmeier	47	4
Behm	53	4
Lomer	136	13
Total	236	21

Mortality about 10 per cent. Dr. N. did not consider it the proper time or place to describe the details of this very simple and easy operation, but inasmuch as it required a dilatation of the cervix uteri only sufficient to admit one, preferably two fingers, it offered the advantage of being applicable early in the treatment of these cases.

Having once turned the child and seized a foot, our active manœuvres cease, and delivery may be effected spontaneously or by manual extraction according to the requirements of the case. "The practical results of the induction of premature labor plead still more effectively in its behalf. Thus Dr. Gaillard Thomas reports eleven cases with but two deaths, one resulting from post-partum hemorrhage coming on several hours after delivery, and one from puerperal fever. Hecker lost three cases in forty, Hoffmann two cases in thirty, and Spiegelberg four cases in seventy-four early deliveries. More recently Murphy has reported fifteen cases without a single death." (Lusk edition, 1885, p. 594-5.) The tampon is applicable only in those cases where we have a long, narrow, firm, undilated, and undilatable cer-

vix, and then only as a temporary measure, to be watched carefully and allowed to remain at most but four hours.

Given a case of supposed placenta prævia:

1. A positive diagnosis should be made as early as possible.
2. If labor has not set in spontaneously, induce it artificially.
3. Deliver by bimanual version whenever practicable.

Dr. W. P. Chunn had seen two cases of placenta prævia, one of which was delivered by Dr. Neale. He thought in most cases the line of treatment spoken of by Dr. Neale was good; but there were exceptions. In long, narrow vaginas, such as Dr. Williams had to deal with, manipulation is very difficult, and the use of forceps might be preferable to turning. He considered the use of the tampon good, and, as suggested by a friend of his, that a large bathing sponge would make a good tampon in case of emergency. The manner of applying a tampon he thought important. If possible, the woman should be in Sims' position, and the peritoneum retracted by his instrument. One unaccustomed to these manipulations would be surprised to find how much material a vagina fully distended would hold.

Dr. Browne considered that it would not be justifiable to use the means for making an early positive diagnosis in such a case as reported by Dr. Williams, where the cervix was long and conical, and the os undilated. The only means for making a positive diagnosis, dilatation would be very certain to bring on premature labor. He did not think we were called upon to make a positive diagnosis when but a light hemorrhage had taken place, but only when repeated hemorrhages had occurred and the patient's life was threatened. In some cases repeated hemorrhages even may take place and still there be no placenta prævia, and the patient go on to full term.

(To be continued.)

One Reason for an Urgent Call into the Country.

A French practitioner received a call one afternoon, about five o'clock, from one of his country patients, a farmer who had been in town at market all day, who requested him to drive over at once to see a member of his family. The case not appearing to be urgent, the doctor replied he would go in the morning. "Oh, that will not do at all," said the farmer. "I ask you to go now because I want a lift home, and to hire a trap will cost more than your visit."

EDITORIAL DEPARTMENT.

PERISCOPE.

Catheterism of the Air Passages.

The *Lancet* says that the introduction of a catheter into the larger air passages, for the purpose of local medication or mechanical dilatation, or to obviate recourse to tracheotomy, has been much facilitated since the introduction of cocaine into laryngeal surgery. A paper recently read before the Medical Society of the Charité Hospital at Berlin by Dr. Landgraf, clinical assistant (*Berl. Klin. Woch.*, 1887, No. 5), illustrates the ease with which the procedure is effected. He described a case presenting symptoms of stenosis of the left bronchus; the symptoms, which had gradually increased in severity, dating over two years. When admitted into the hospital last July, the patient was liable to dyspnoeal attacks; and physical examination led to the above diagnosis. The constriction was at first thought to be due to compression, a view which was borne out by the presence of a small area of dullness over the manubrium sterni and to its right. There was no evidence that this was due to a tumor arising in the bronchial glands. The long duration of symptoms negatived the existence of a malignant tumor, and the absence of bacilli in the sputum set aside the notion of tubercular disease. Aortic aneurism was more probable; but this diagnosis lacked confirmation, the only positive sign being the area of dullness. It was therefore thought to lie between syphilitic stricture (the patient had contracted syphilis twelve years previously) and aneurism; and, since the former gave a more hopeful prognosis, the patient was placed under anti-syphilitic treatment. But the dyspnoeal attacks increased in frequency, and measurement of the chest showed a diminishing capacity of the lungs. Further, an examination made at the beginning of October revealed what was thought to be a membrane deep down in the trachea. This appearance supporting the endo-bronchial character of the stenosis, it was resolved to resort to catheterism. The larynx was anaesthetized by a 20 per cent. solution of cocaine, and a 10 per cent. solution was injected into the trachea. The catheter was easily passed to a distance of 28.5 centimetres from the teeth (found subsequently to correspond to the tracheal bifurcation) without meeting any constriction. The catheterism was re-

peated at intervals, and on several occasions to a depth of 35 centimetres, with a view to traverse the left bronchus. The measure produced so much relief that at the end of the month the patient was well enough to leave the hospital. Unfortunately the diagnosis of stricture, which had been apparently confirmed by the relief of the symptoms, proved incorrect; for in a few weeks he returned, having had a severe asphyxial seizure, and shortly after died. The cause of the stenosis proved to be—what is by far the most common cause of such a condition—an aneurism of the aorta, which compressed the left bronchus. The condition which was mistaken during life for a membrane was an anæmic part of the right wall of the trachea. Although during life some irregularities in the mobility of the vocal cords were observed—on one occasion the right cord moving less on respiration and phonation, and on another the left cord appearing immobile in middle line—yet the dyspnoeal attacks could not be referred to involvement of the vagus. They must have been due to the compression of the bronchus, for they disappeared directly the narrowing produced by that compression was mechanically relieved. Dr. Landgraf fully recognized the danger of resorting to such mechanical dilatation in aneurismal cases, and he would hesitate to catheterize in any case in which aneurism could be suspected. Nor is it quite easy to account for the great relief temporarily afforded by the measure in this case. The valuable point learned from it is the ease with which the air passages can be catheterized with the aid of cocaine, thus affording means to relieve strictures, as well as to apply remedies locally to ulcerated surfaces on the respiratory tract.

Submaxillary Calculus.

Dr. Collis Barry thus writes in the *Lancet*: The following case is worthy of record on account of the unusual size of the calculus and the gravity of the symptoms resulting from its presence.

R. W., aged sixty-six, consulted me early in September last concerning a swelling beneath the lower jaw on the right side, which caused him extreme difficulty in swallowing. Flashing pains came on at intervals, and extended radially from the swelling upwards into the face and head, inwards towards the tongue, and downwards as far as the right

shoulder and arm. These symptoms had existed for about eight months, becoming gradually more severe; latterly the patient had begun to lose flesh, and his friends became alarmed at his condition.

Upon examination I found a hard substance corresponding in position with the submaxillary gland placed just below the ramus of the inferior maxilla, rounded in form, and more easily distinguishable from the outer side than from the interior of the mouth, and about the size of a small walnut. By pressure from the outside, a few drops of purulent discharge appeared at the orifice of Wharton's duct. There was no hardness or concretion at the mouth of the duct, as usually met with in cases of salivary calculus, and there was no induration of the cervical glands. Taking into consideration the gravity of the symptoms and the increasing loss of strength, I suggested early removal, but requested a consultation. Dr. Ainsley, of Hartlepool, saw the case with me, and confirmed my suggestion. On October 12, chloroform being administered by Dr. Ainsley, I proceeded to cut down upon the submaxillary gland by a vertical incision about a quarter of an inch anterior to the facial artery as it crosses the inferior maxilla, extending downwards about two inches; a second cross incision was made to make room. There was considerable hemorrhage from the submaxillary and other small branches of the facial. The whole of the gland superficial to the mylo-hyoid was removed, and the calculus could then be distinctly felt at the commencement of the duct, and apparently imbedded in the gland. A few of the posterior fibres of the mylo-hyoid were divided, and the calculus seized with vulsellum forceps and removed. Upon examination after removal, the calculus proved to be phosphatic, and measured one inch by half an inch approximately (the exact measurement in length being uncertain, owing to the crumbling of a portion of the calculus beneath the vulsellum forceps). The wound was plugged with lint soaked in turpentine, eucalyptus ointment and iodoform being substituted on the following day. The subsequent history of the case was one of uninterrupted recovery, the wound granulating freely and becoming entirely healed in three weeks from the date of operation, all the symptoms previously complained of having entirely disappeared.

Remarks.—The ordinary method of removal by incision of the mucous membrane was impracticable in this case owing to the depth of the calculus from the surface of the

mucous membrane. Erichsen mentions, as the largest calculus removed, one of the size of a small damson-stone; but, so far as I can ascertain, no mention has been made of a calculus of this size occupying so deep a position.

Recent Experiments on the Injection of Bacteria into the Veins.

Prof. von Fodor, of Buda-Pesth, communicated in a recent number of the *Deutsche Medizinische Wochenschr.* the results of his investigations into this subject. He had shown in a previous communication that hundreds of millions of non-pathological bacteria injected into the blood completely disappeared from it in the course of a few hours. By further experiments he showed that this power of the blood to destroy bacteria was not diminished by a moderate degree of anæmia, but was lessened by dilution of the blood with water, so far that the bacteria were destroyed more slowly and with greater difficulty. Even pathogenic bacteria disappear rapidly out of the blood, for example, typhoid bacilli, which even a few hours after injection are no longer demonstrable in the blood, whilst the animals are in some cases simultaneously infected by the injected material, and die with symptoms identical with those of typhoid. Anthrax bacilli injected in large quantities disappear within four hours, but within from twenty to forty-four hours they again appear in the blood, and the animal dies. In the period in which it is free from bacilli the blood contains, as far as the negative injection experiments show, no material producing anthrax; this is the best proof that it is the bacilli that produce the disease. In the same period, however, in which the blood is free from bacilli, in the internal organs (spleen, liver, kidneys) they are constantly present, from which it is evident that the pathological development of anthrax does not take place in the blood, but in the internal organs. Anthrax is not a blood disease, but the blood is rather the protector of the organism against the pathogenic bacteria. A very small quantity of anthrax material is not lethal, and further, the rapidity with which the disease is fatal is in direct proportion to the quantity of injected material. According to von Fodor, the bacilli injected into the blood are destroyed by it; some, however, reach the organs and there develop. When the colonies steadily multiply in these parts, then the blood, the chemical constitution of which is changed thereby, and is no longer able to

destroy the bacilli that are present in it, in this stage bacilli are found in the blood, but the animal is then practically at the point of death, its doom is sealed.

Mortality in Public Lying-in Hospitals of Germany.

Dohrn, in *Zeitsch. f. Geb. und Gyn.*, p. 121, 1886, draws attention to the great diminution in the mortality of lying-in women which has taken place in the above-mentioned establishments since the introduction of antiseptics. He selected the period of 1874-83, since in 1874 antiseptics were scarcely used anywhere, while in 1883 they had become very general. The total number of cases of labor was 104,287, and 1429 women, or 1.37 per cent., died. The vast improvement indicated by this percentage will be clear on comparison with the statistics of previous years. Thus, in 1866, Lefort found the average mortality in the lying-in hospitals to be 3.4 per cent., while Winckel, in 1869, calculated the mortality on 500,000 births to be 3 per cent. Even this great improvement, however, in lying-in institutions leaves their mortality far behind that of women attended in private practice; in the latter the percentage of deaths is only .6 to .7 per cent. Various influences contribute in bringing about this result:

1. The large proportion of primiparæ in public lying-in hospitals, puerperal fever being, as is well known, unusually common after a first confinement.

2. The clinical instruction given in public hospitals, which is invariably accompanied by special dangers, in spite of every precaution.

3. The numerous complicated cases that are sent to such establishments.

4. The fact that many women are admitted who have been examined and exposed to septic infection before admission.

Dohrn further investigated the question as to how the mortality was affected by the clinical use made of various lying-in hospitals, and he found that the mortality in those in which no instruction was given was .56 per cent.; in those where midwives were trained, 1.13 per cent.; in those where midwives and students were trained, 1.42 per cent.; in those where students were trained, 1.90 per cent. This shows, as Semmelweis pointed out long ago, that students, who are much in contact with septic matters, are a great source of danger to lying-in women, even more so than midwives. Dohrn is of opinion that the recent decreased mortality in public maternities is solely due to

the introduction of antiseptics, and that the mortality will be low in proportion to the conscientiousness with which the antiseptic system is carried out.

Hæmaturia and Granular Kidney.

In the *Brit. Med. Jour.*, Mr. Anthony Bowlby presents a paper containing the records of three cases of hæmaturia in connection with granular kidney. The first was that of a man, aged 73, who was admitted into St. Bartholomew's Hospital, suffering from enlargement of the prostate and hæmaturia. His death, which occurred within twenty-four hours, appeared to be chiefly due to the exhaustion caused by the loss of blood. A *post-mortem* examination showed an enlarged prostate and dilated bladder, containing several ounces of almost pure blood. The kidneys were small and granular. Their pelves and the ureters contained blood, and in the renal substance there was much blood extravasated. Microscopical examination showed that the hæmorrhage had occurred both into the renal tubes and into the cellular tissue of the gland. The second case was that of a man, aged 49, who had long suffered from stricture of the urethra and difficult micturition, and who, for three months previous to admission into St. Bartholomew's Hospital, had passed considerable quantities of blood with his urine. He had many of the ordinary signs of interstitial nephritis, and, in addition, passed a great deal of blood. On his death from uræmia no cause of hæmorrhage was found, except in the kidneys. These were small and granular, and contained a little bloody urine. In the third case, a man, aged 64, was admitted on February 3d, 1886, with profuse hæmaturia, and pain in the loins. After losing much blood for several weeks, the hæmaturia ceased. The urine when clear contained albumen. There was some albuminuric retinitis, and some opacity of one lens. Attention was drawn by the author to the fact that the subject of hæmaturia in connection with granular kidney had received little attention, and that no cases of profuse hæmaturia of this nature had been previously recorded, and that no *post-mortem* examinations had been described. It was pointed out that in one of the patients referred to in this paper the hæmorrhage was so profuse as to be mistaken for vesical bleeding, and in others that the diagnosis had to be made from other of the more recognized causes of renal hæmorrhage, especially calculus. It was in connection with this question of diagnosis that these cases

were of importance. Lastly, it was stated that simple interstitial nephritis, independent of dilatation or absorption of the renal substance, was often found as the result of obstruction to the outflow of urine.

Mogiphonia.

At a recent meeting of the Berlin Medical Society, Professor B. Fraenkel described a rare form of vocal failure, which he proposed to call "mogiphonia" (*móyis*, with difficulty). He related some cases, including one male and three female professional singers, a governess, and a clergyman. One of the female vocalists was a plump rosy girl, of whose artistic future the highest expectations were formed. Her temperament was much less nervous than is usual in the case of singers, and her throat, on examination with the laryngoscope, showed nothing but slight catarrh of the mucous membrane. The larynx was well formed, and its movements, both in phonation and in respiration, were perfectly normal. When asked to sing, she began in a powerful and melodious soprano tone, but after a little time the voice seemed to lose volume, and it evidently became increasingly difficult for the singer to produce it, until finally she could not utter a note, and even the attempt to do so caused pain in the larynx. Meanwhile, the speaking voice was quite natural and free from huskiness. The other cases were of much the same nature, all the patients being healthy, and in particular having, so far as could be seen, nothing the matter with the larynx. In none of them was there the least sign of hysteria, or nervous affection of any kind. Professor Fraenkel failed to do much good by treatment; even the direct application of the electric current, both continued and faradic, was ineffectual. In one of the cases, however, some benefit seemed to be produced by massage of the larynx. After innunction of the neck with lanolin, he grasped the larynx firmly with both hands, and rubbed from above downwards on each side from forty to fifty times. There was a marked improvement after a few days of this treatment, and in six weeks the patient declared himself completely cured. Dr. Tobold said he had had good results in similar cases from the application of the constant current. It was necessary, however, to continue it for six or nine months. Dr. Krause stated that he had successfully tried a plan sometimes used by singing masters. The patient was directed to speak "into the mouth" instead of in the ordinary way. By this means, the larynx, after a time, recovered its natural power.

The Removal of Foreign Bodies.

Before an English medical society, Dr. Cleaver related the case of extraction of a halfpenny from the œsophagus of a child, æt. 3, twelve days after it had been swallowed. The child had swallowed the coin whilst playing, and on being called in, Dr. Cleaver could discover no symptoms of œsophageal obstruction. Fearing copper-poisoning, treatment was adopted to counteract such a result. Next day the child seemed quite well, and was playing about as usual. Watching the child carefully, Dr. Cleaver thought he noticed a peculiarity in the child's manner of swallowing, especially when swallowing his own saliva. Making a digital examination, he thought he could feel the edge of the foreign body, but efforts then made failed. Subsequently, after repeated attempts, the coin was secured and withdrawn with the aid of a long pair of curved forceps. The case shows the absolute necessity of a careful search being made in all cases, even when there are no symptoms indicating the presence of a foreign body. The halfpenny in this case lay across the œsophagus, its head and tail pointing anteriorly and posteriorly, and its edges right and left; its location was about on a level with the second rib.

Dr. Bartolome, in the course of some remarks made upon Dr. Cleaver's case, related how he was once asked by one of his colleagues to make a rectal examination, and to say what he thought the foreign body was which was present. On passing his finger up the bowel it came in contact with some sharp points, which proved to be the prongs of a fork which had been swallowed some time before by the patient. Colotomy was performed, and the fork removed successfully. He also related the case of a girl who had swallowed a pin. No medical man could discover its presence, and the girl was in despair and threatened to drown herself. Dr. Taylor, of Hathersage, under whose care she fell, bethought him of a little girl who had a very small hand and arm, with long taper fingers. He got her to pass her hand down the œsophagus, with the result that she discovered and withdrew the pin. Had she been able to do the same for the man colotomy might have been dispensed with.

Cocaine in Acute Gastritis.

Dr. J. Emmet O'Brien, of Scranton, Pa., relates to the *Medical Record* the case of a young girl who, after an unsuccessful attempt at suicide by laudanum, mixed a box of "Rough on Rats" in water, and drank an unknown quantity of it at intervals during

a half hour. When first seen she was in frightful agony, and the diagnosis of arsenic poisoning being quickly made, the stomach was emptied by ipecac and sulphate of zinc, and large quantities of dialyzed iron and lime-water were given. Dr. O'Brien gave two grains of morphine hypodermatically in divided doses during the night, and kept the woman anesthetized by means of chloroform and ether for twelve hours. When conscious, the patient would take nothing unless assured that it was poison. Whenever the anæsthetic was withdrawn the patient would try to dash her brains out, and tore at her abdomen, raving about her stomach. Three persons could with difficulty hold her when not profoundly under the influence of ether. Twelve hours after the poison had been taken the girl was still in terrible agony, and showed signs of collapse. On the suggestion of Dr. Gunster, over half an ounce of a four per cent. solution of cocaine hydrochlorate (about ten grains of the drug) was then administered, the supposition being that all the arsenic had been vomited or neutralized, and that gastritis was now the condition calling most loudly for relief. In a few moments the patient ceased to complain of her stomach. The mania subsided, and the patient became controllable, so that it was possible to discontinue the anæsthetic. The pulse, which had been failing, grew stronger, and the woman was soon able to walk with assistance. The mania and hallucinations continued in mild form for some hours. The patient was removed to the Lackawanna Hospital, where brandy and digitalis were given, and she recovered completely. According to the analysis of Mr. Lorenz, an apothecary of Scranton, "Rough on Rats" contains sixty-five per cent. of arsenic. Another girl, who afterward took some of the same preparation, died within a few hours. The treatment in this case was not known.

Salol in Articular Rheumatism and Acute Febrile Diseases.

Salol, the new antipyretic remedy, has been tried by Dr. Herrlich (says the Berlin correspondent of the *Brit. Med. Jour.*) in acute articular rheumatism, endocarditis, typhoid fever, and diphtheria, with good results. Salol, which is a compound of carbolic acid and salicylic acid, may be presumed to have powerful antiseptic and antizymotic properties, and may, therefore, be expected to prove useful in infectious diseases. It is decomposed in the intestines into its two constituent principles, and its action is interesting chiefly in relation to the effects

of the carbolic acid thus set free within the system. Drs. Herrlich states that he has cured several cases of acute rheumatism with salol. There were, however, occasional relapses, and the treatment did not prevent the occurrence of endocarditis in some instances. The remedy was tried in eight cases of typhoid fever, and in several cases of diphtheria. Patients suffering from typhoid did not bear the remedy so well as those affected with rheumatism. Gastric complications were relatively frequent, and it was found that the best results were obtained in recent cases where the nutrition was still but little impaired. Dr. Herrlich did not find that salol reduced the temperature either too much or too quickly; it did not produce excessive diaphoresis, nor had it any bad systemic effect, with the exception of the gastric disturbance already referred to, and this was observed only in patients in a very weak condition. Carbolic acid poisoning occurred in a woman suffering from chronic articular rheumatism, who had taken 24 grammes of salol in three days. She vomited almost incessantly for eight days, and her urine contained a considerable amount of phenol. She had also much pain and difficulty in passing water. Similar urinary troubles were observed in another case. Salol, however, appears to be beneficial in certain affections of the bladder; urine which contains phenol is aseptic, and remains sweet for a long time.

Paralysis of the Left Leg from Sub-Cortical Disease, with Cancer and Fracture of the Left Femur.

Before the Clinical Society of London, Dr. Hughlings Jackson read a paper on this case. A woman, aged 52, was admitted December 28th, 1885, under Dr. Hughlings Jackson's care, for paralysis of the left leg, which had come on suddenly on December 7th, whilst she was standing at her work. The knee-jerk on the paralyzed side was greatly exaggerated, and there was foot-clonus; there was no defect of sensation; no morbid changes existed in the fundi. On December 30th, whilst she was being lifted from the bed-pan, the left femur broke just below the great trochanter, and she died on January 10th. At the necropsy, in addition to cancer of the left femur and of the ovary, Dr. James Anderson found growths in the brain, one accounting for the paralysis in the region of Ferrier's leg-centre. Schäfer and Horsley had shown that the marginal gyrus is part of the leg centre. The President said that it was interesting to note that the

patient died in little more than a month after the occurrence of the paralysis, and yet the exaggerated ankle-clonus and ankle-jerk had been remarked, although this was generally supposed to result from descending degeneration which could hardly have taken place. Dr. Beevor said the case was of interest as showing the localization of the leg-centre. The posterior part of the marginal convolution was part of this centre. The absence of fits was also remarkable. Mr. Horsley and he were carrying out experiments by stimulating the internal capsule, and they had found that the hindmost fibres went down to the leg.

The Organism Producing Decomposition of Urine.

Though it has long been known that the ammoniacal decomposition of urine is due to the splitting up of urea into ammonia and carbonic acid, by means of an organized ferment, the characteristics of this organism have not been accurately described. Many years ago Pasteur and Cohn described a *micrococcus ureæ*, and last year Leube and Graser mentioned four organisms which had the power of decomposing urea into ammonia and carbonic acid. One of these was called by them *bacterium ureæ*; the others were a micrococcus and two species of bacillus. Dr. Robert Smith has lately published the results of his work at the Brown Institution, confirming Pasteur's and Cohn's discovery of a *micrococcus ureæ*. Many kinds of organisms, as is well known, grow in ammoniacal urine, but by the modern methods of "fractional cultivation" and "dilution" Dr. Smith has separated them, and tested the action of each in decomposing urea. He found that the only organism which possessed this power, was a micrococcus occurring singly, or sometimes as diplococci, and growing in gelatine in minute dots. This micrococcus differs from that described by Leube and Graser in its property of liquefying gelatine during its growth. It may be the same organism as that described by Pasteur and Cohn; but, as these observers had not the advantage at the period of their investigations of the method of cultivation on gelatine, this point cannot be decided.

The Physiology of Opium-Narcosis.

M. Liebermann, in a monograph upon opium-poisoning, states the conclusion that the deep narcotic sleep of opium is due to severe cerebral congestion.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Text-book on Surgery, General, Operative, and Mechanical. By John A. Wyeth, M. D., etc. 1 vol., large 8vo., sheep. Pp. 777. Illustrated. New York, D. Appleton & Co., 1887.

This handsome and extensive treatise by one of New York's best-known surgeons will, without doubt, take rank among the most popular American text-books. We do not note in it any special novelty of arrangement, but the disposition of the various branches of the subject is judicious, and reveals a firm grasp on the whole of the art. The modern improvements are fully set forth, but not in the spirit of the novateur. What especially will impress the reader on first opening the volume are its fine type, numerous and excellent illustrations (a number of them colored), and the clear arrangement of the text. We predict for the work a successful sale.

A Compend of Surgery for Students and Physicians. By Orrville Horwitz, M. D., etc. Third edition, with 91 illustrations. Cloth, 12mo., pp. 203. Philadelphia, P. Blakiston, Son & Co.

We have here another edition of one of the series of "Quiz-Compendis," issued by Messrs. Blakiston & Co. They have evidently filled "a long-felt want," as we may judge by the sale of several editions. The present volume is a very well prepared cramming scheme for the surgical student.

The Nursing and Care of the Nervous and Insane. By Charles K. Mills, M. D., etc. Cloth, 8vo. Pp. 147. Philadelphia, J. B. Lippincott & Co., 1887. Price \$1.00.

The publishers of this work issue a series of manuals of nursing at the uniform price of one dollar each. The present member of that series is by one of the ablest, best-known specialists in our country, who has devoted his attention to diseases of the mind and nervous system. Some time since he delivered a course of lectures on nursing in such diseases before several training-schools for nurses, and the present volume is a reduction of these lectures to book form. They treat of such topics as the management of epileptics, sleeplessness, delirium, the alcohol and opium habits, and the care of the actually insane. In addition to this, we find plain, practical directions about massage, the movement cure, baths, clinical thermometer and the administration of the various of electricity. A number of illustrations are inserted, and the volume is neatly manufactured.

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IN HOW MANY WAYS DO WE HEAR!

Sound is a sensation caused by rapidly succeeding to-and-fro motions of the air, which touch points in the auricle, are reflected, touch the canal of the ear, and are then concentrated on the drum or membrana tympani. Back and within this membrane is a delicate portion of bone, termed the handle of the malleus or hammer. Fitting into this upper end or head of the hammer is the incus, or anvil, united by a cog-like joint. The third bone is termed the stapes, or stirrup. This last bone, which is the most delicate and also the most important in its relations to every other bone, may be lost, and the drum-membrane gone, yet hearing will remain. It is attached to an oval membrane, which covers a depression in the bone, termed the oval window, being very movable, the membrane is larger than the foot of the stirrup.

The oval cavity is termed the vestibule, and from it proceed three small openings called the semi-circular canals. Forming a part of this complex yet beautiful apparatus, there is a cavity to which has been given the name of the cochlea, from its resemblance to a snail's shell. The cavity of the inner ear is filled with a liquid, in which are spread out the delicate fibres of the auditory nerve, or nerve of hearing. This nerve is the portio mollis of the seventh cranial or head nerves. As its Latin name indicates, it is very soft and impressible, and also liable to injury from many causes. It arises from the medulla oblongata, and the fourth ventricle of the brain enters the internal auditory canal, and is distributed to the labyrinth on a membrane within the bony cochlea. It is lined with epithelium of a velvet-like nature. A portion of this is termed the organ of Corti, and receives the termination of the auditory nerve. This organ of Corti consists of two rows of rod-like bodies, named the rods of Corti, and several rows of ciliated cells.

Sound is conducted to the membrana tympani, touching it with a delicate or powerful touch, being transferred to the chain of bones or ossicles. These movable semi-solid bodies vibrate, and carry the sound-waves to the fluid of the internal ear by means of the foot-plate of the stapes or stirrup, where they touch the fibres of the auditory nerve, being conveyed to the centre of hearing in the brain.

These differences in vibrations make sounds higher or lower in pitch, loud or soft, simple or compound. Infinitely more complex are the vibrations produced by an or-

chestra with a chorus of human voices and solo singers associated. The mind fails in the effort to grasp the wave form of the flood of complex vibrations that pours into the ear at every moment. The highest and lowest tones are heard; the qualities of the notes produced by the strings and wind instruments and the voice are all discernible. The theory offered by Helmholtz in explanation of this wonderful property of the sense of hearing is that the terminations of the nerves in our ears can analyze complex vibrations. It was maintained by Helmholtz and others that in the ear every audible tone throws into sympathetic vibration one or more of the nerve terminations, and that all complex tones are analyzed by them into simple pendular vibrations, which affect different nerve terminations according to their frequency of vibrations.

Although this theory is at the present day doubted by some careful observers, among the number Dr. W. Rutherford,* Professor of Physiology of the University of Edinburgh, it has the acceptance of many able physicists.

L. T.

PROGRESS OF THE CHOLERA.

The declaration on March 31st of a quarantine against cholera at El Paso, Texas, is a warning of the early possible approach of the much dreaded pestilence. It arrives by the usual lines of trade direct from Buenos Ayres where it reached this continent, via Chili.

The government has published some advices as to its prevalence in the last named country. The United States minister to Chili, in a dispatch dated January 15th, states that "Cholera is slowly extending along the valley of the Aconcagua, following the course of the river towards the sea, near Valparaiso. About 600 cases have so far been reported, of which about 250 have proved fatal. The victims are almost exclusively confined to the poorer classes of people. Every precaution possible has been taken by the authorities to check the spread of the disease, and stringent sanitary measures adopted, especially in the cities of Santiago and Valparaiso, which for the last month show a death-rate less than has ever been known at this season. The following dispatch from Iquique, dated January 5, appeared in the press: "The Peruvian Government has decreed to take active measures against the cholera, and has ordered the

closing of all the ports against vessels coming from infected countries."

This very extraordinary and premature action of Peru, in closing all her ports against vessels from the ports of Chili, with its vast line of sea-coast of over 2,500 miles in extent, and stretching along the Pacific from Arica, on the borders of Peru, to Cape Horn, because cholera appeared in a section of Chili, midway between the points mentioned, has been severely criticised. The despatch adds: "All the steamship lines have been withdrawn from the route between here and Panama, so that the Pacific from Panama to Cape Horn is practically closed to our commerce and communication by steam. All the traffic and commerce from this coast have now to go to Europe, and this dispatch will leave Valparaiso on the 18th instant for Lisbon, thence by rail to Paris and Calais, thence by Liverpool to New York, and will probably take fifty days in transit."

At Callao the United States consul, in his dispatch dated February 19, 1887, states that no cases of cholera have appeared in Peru. The latest official intelligence is contained in the following cable messages from Santiago, dated February 15th, and from Valparaiso, under the same date: "*Santiago*.—From Saturday to Monday noon, 435 cases and 213 deaths. It is difficult to obtain exact data." "*Valparaiso*.—I have visited the lazaretto, established on the Baron hill. Seven cholera patients. Freight from Santiago enters free. Passengers quarantined for twenty-four hours." The minister reports that the health of Lima and Callao is exceptionally good. Strict sanitary precautions and hygienic regulations are still observed.

A NEW METHOD IN CASES OF POISONING.

It is a well known physiological law, that all the substances entering the animal organism, whether they are innocuous or dangerous to the existence of the individuals, are eliminated by the kidneys. Another well established law is, that the vascular system may be extended without local or general morbid changes, by fluids injected into it, if the quantity of the injected fluid amounts to about 8 per cent. of the weight of the body. When such indifferent fluids are injected in the quantity mentioned, the vascular pressure is increased; but this increase at once ceased, when the natural ways of elimination, especially, however, the kidneys, by their function carry off the fluid thus injected.

Basing his experiments on the facts

*The Sense of Hearing, British Ass. Meeting, Birmingham, 1886.

quoted, Dr. S. C. Sanquirico in Sienna, (*Cbl. d. Med. Wiss.*, 21-87), has endeavored to determine, whether fatally poisoned animals might be saved from the impending death, when in the manner indicated, viz., by injection of indifferent fluids in a quantity corresponding to 8 per cent. of the bodily weight, a sudden increase in the urinary secretion and with it a rapid elimination of the poison is effected.

The poisonous substances used by him were alcohol, strychnine, and aconitine. S. first found out the weight of the animal, generally a dog, then he prepared a watery solution of chloride of sodium, and injected a quantity corresponding to 8 per cent. of the animal experimented upon, into the jugular vein. Whenever the poison was a rapidly fatal one, the injection was practiced immediately after the introduction of the intoxicating substance, while in cases where the action of the poison, as with alcohol, was slower, the injection was made as soon as the first symptoms of poisoning developed.

In every case the fatal end was prevented. A greatly increased urinary secretion always was the first effect of the injection, and followed it almost immediately, while the presence of the poison could be demonstrated in the urine thus excreted. The only substance that proved inamenable to treatment was muriate of aconitin; here the injection of the solution of chloride of sodium was not followed by increased discharge of urine, so that the occurrence of the latter must be looked upon as a favorable omen. To prevent mistakes S. always first determined the minimum dose of the poison sufficient to cause death, then this dose, slightly augmented, was introduced into the system, and afterwards the solution of chloride of sodium injected. The result always was a favorable one.

NOTES AND COMMENTS.

An Infectious Form of Broncho-pneumonia.

At the Société Médicale des Hôpitaux M. Sevestre recently read an interesting paper on a form of infectious broncho-pneumonia of rheumatismal origin, observed in insufficiently fed children at the Hôpital des Enfants Assistés. During the first, the apyretic period, of this affection, there was gastro-intestinal disturbance and foetid diarrhoea. In the second period, fever, occasional vomiting, dry but rare cough, dyspnoea, crepitating and subcrepitating râles, succeeded by souffle and localized crepitating

râles. Two forms of this affection may be distinguished—one benign, and of rare occurrence. In the more frequent form the broncho-pneumonic symptoms are accompanied by dryness of the tongue and serious typhoid symptoms; simple erythema or pemphigoid vesicles are sometimes observed on the skin; in this case death generally ensues. Necropsy reveals red patches in the large and small intestines, marked tumefactions of Peyer's patches in the small intestine. The mesenteric ganglia are congested; there is occasionally hæmorrhage. Nuclei of broncho-pneumonia with dilatation of the lymphatics are detected; the bronchial ganglia are congested. The liver has undergone fatty degeneration, especially in the region of the sublobular veins. M. Sevestre is of opinion that intoxication by fecal matter is the cause of the broncho-pneumonia and the infectious symptoms. He prescribes calomel at the outset, and subsequently naphthaline. M. Hayem considered that if the blood of the children were examined in order to discover if there was an increase of blood-fibrine, it might be decided whether this broncho-pneumonia was simple phlegmasia or infectious pyrexia.

Napelline in Facial Neuralgia.

M. Grognot reports the following case of facial neuralgia in which napelline produced very successful results. On January 20, 1882, the author was called to see a young girl suffering from severe pain extending over the entire head, which felt, she said, 'as if it were pressed in a vice.' The pain, however, was greatest on the right side in the parietal and frontal regions, and immediately above and below the eye it attained its maximum intensity. There were no tears, but, according to the patient, there had been in previous attacks. The tongue was slightly coated, but there was no caries of the teeth on the side affected. The author prescribed one granule, containing 2½ milligrammes of napelline, every two hours. On the first day the patient took ten granules; during the evening the pain disappeared. Although the pain had not returned the next morning, the patient was advised to take four granules and two the following day. Two months later the patient's neuralgia reappeared, and she took eight granules. The next day he found the neuralgia had disappeared, and since that time the health of the patient has been excellent. Two seasons caused the author to publish his observation: first, the oblivion in which this excellent medicine seems to have fallen;

second, the fact that napelline may succeed where crystallized aconitine fails. In the above case the latter medicine had been administered without success, while napelline had produced complete and durable results. The author attributes the superior efficacy of amorphous aconitine over the crystallized drug to the presence of napelline in the former.

Treatment of Constipation by Abdominal Massage.

At a recent meeting of the Société Médico-Pratique, M. Berne described the following case of constipation successfully treated by abdominal massage:

The patient, a woman, aged 42, had suffered from constipation for several years. Her general health was very unsatisfactory. She was extremely emaciated and yellow; her tongue was coated, and she experienced a heavy sensation in the stomach. She suffered from lassitude, palpitation, insomnia, and disgust for food. The stomach, which was much dilated, gave on percussion a flapping sound. There were also regurgitations and fetid odor. After nine massages had been performed the bowels acted freely, the patient's color improved, and she was ultimately completely cured. Details of several other cases successfully treated were given. After kneading the abdominal tegument and muscles, a slight pressure is brought to bear on the cæcal region by means of the palm of the hand; then with the clenched fist a deep massage of the colon is effected. Slight pressure on the gall-bladder, in the author's opinion, is advantageous, but not if gall-stones exist. The patient must not be pregnant, nor be suffering from tumors or inflammations of the neighboring organs. The bladder should be empty. Massage should be daily practiced from fifteen to twenty minutes at the beginning of treatment. The gentle pressure on the gall-bladder constitutes the author's modification of the Dutch and German methods, favoring the flow of bile towards the intestine.

Aspiration of the Stomach in Drunkenness.

In the *Dublin Jour. of Med. Science*, January, 1887, Mr. George Foy relates the following case:

One night in November, 1884, he was called to a man reported to be dying. He had taken a large quantity of whisky and claret, and for two hours his drunken companions had been trying to rouse him, but had totally failed. When seen he was quite

insensible; extremities cold, face livid, pupils widely dilated, respiration and pulse almost imperceptible. Treatment was commenced by opening the median-basilic vein of the left arm, when, by rubbing the forearm briskly, the blood gradually flowed until sixteen ounces were drawn off. In the meantime the fine trocar of an aspirator was pushed through the abdominal wall in an upward, backward, and outward direction, just at the sternal end of the eighth rib. The canula was attached by the ordinary method to an exhaust bottle, and on turning the cock a stream of claret-colored fluid flowed into the bottle. Very soon the heart commenced to beat; the pulse was readily felt at the wrist, respiration recommenced. The canula was then withdrawn, and a stomach-pump was used to wash out the stomach. Very soon the man was able to speak, and soon recovered. The author saw no good in giving apomorphia in this case, as it has no emetic action when sensibility is quite deadened, while the respiration was too feeble to allow a stomach-tube to be introduced; so that there seemed no chance for the patient unless aspiration was attempted.

The Transmission of Cholera from Mother to Fœtus.

Lizzoni and Cattani, of Bologna, have recently published a careful examination of a five months' fœtus, which was expelled by a woman suffering from cholera. On the third day of illness, the mother aborted after the reaction stage of the disease had lasted twenty-four hours. The fœtus was examined twenty hours after expulsion, and was found to be in good condition. A *post-mortem* examination showed dilatation of the right side of the heart, with fulness of the veins of the thorax, and some bloody exudation in the pleural cavities. The contents of the small intestine were red in color, while those of the large were green. These contents were carefully removed, as well as some of the blood of the right side of the heart, and micro-organisms carefully sought for. A small number of micrococci and bacilli were found in all the specimens prepared; as well as small bodies, somewhat larger in diameter than comma-bacilli, but resembling very closely an old cultivation of these organisms. No definite comma-bacilli were seen in the blood, exudations, or the contents of the intestine; but by means of plate-cultivations, colonies of Koch's comma-bacilli were grown, having their definite characteristics. From this case, as the authors conclude, it is evi-

dent that the transmission of cholera from the mother to the fetus takes place by means of the blood. A further communication on the period of the disease when such transmission takes place is promised, and may prove of great interest.

The Alleged Prevalence of Anæmia among Miners.

The *Gazette des Hôpitaux* publishes notes of a communication made by Dr. Paul Fabre to the Société de l'Industrie Minière concerning anæmia among miners. M. Fabre, whose practice lies among the mining population of Commentry, has proved that in anæmic miners the number of blood-corpuscles and the quantity of hæmoglobin contained in them are normal. Dr. Fabre's observations at Commentry were confirmed by those which he made among the miners at Saint Etienne, Pas de Calais. The rare cases of anæmia seen among them were chiefly due to traumatic hæmorrhage, over-exertion and muscular exhaustion, alcoholism, helminthiasis, lead-poisoning, marsh fever, etc. As regards helminthiasis, M. Fabre has frequently observed among the miners at Commentry tape-worms, thread-worms, and round worms, which may have often caused anæmia; but he has never met with the ankylostomum which is generally supposed to be present in miners' anæmia. M. Fabre agrees with M. Dransard and others in thinking that anæmia is not more frequent among miners than among other workmen, and that, where it exists among miners, it has no special characteristics, and arises from the causes which always induce anæmia.

Rumination in Man.

The patient, a child of 11, had contracted the habit of causing food to return into the mouth, in order to repeat the taste of any aliments he preferred. In order to effect this, he first recalled the taste of whatever aliment he had most enjoyed in his meal, and by contracting his abdominal muscles caused the particular aliment of which he wished to repeat the taste to return into the mouth. He occasionally repeated this action a second time. On examination, the stomach was found to be slightly dilated, but made no rumbling sound; the child was pale and rather anæmic. His parents had tried every means of curing this habit. When a young child he lived in the country, and milk was his principal article of diet. The stomach became overloaded, and regurgitations ensued; the child became accustomed to these

regurgitations, which finally caused a pleasurable sensation, and the habit of merycism was thus induced. M. le Juge de Sevrans proposes to submit the patient to a course of hydrotherapy, to wash the stomach out with Faucher's apparatus, and to apply actual cautery to the epigastric region. If this case of merycism be a neurosis, age and reason should cure such an affection.

Salivary Fistula Cured by the Galvano-Cautery.

In the *Glasgow Med. Jour.*, February, 1887, Professor George Buchanan records an example of salivary fistula cured by the galvano-cautery. A lady suffered from an enormous carbuncle situated on the left side of the neck, below the ear, extending to the cheek over the parotid gland. A free incision was made, and the parts almost completely cicatrized, but below the lobule of the ear a little sinus remained, from which a small quantity of semi-purulent watery fluid exuded. For thirteen years the patient had nothing done; every time mastication was performed some drops of saliva issued from the fistula below the ear. The author saw her in October, 1886, and recommended cauterization of the mouth of the fistula. A platinum wire loop was shortened and pressed together, so that the two sides of the loop were in contact, and together were not thicker than a small probe. The wire was placed on the exact spot of the fistula before it was heated, and held firmly there whilst heated by the electric current. An eschar, the size of two pins' heads, was produced by the wire, and a fortnight later the sinus was perfectly healed.

"Amykos" in Catarrh and Gonorrhœa.

In the *Russkaia Meditzina*, No. 46, 1886, p. 793, Dr. J. J. Trusewicz, of St. Petersburg, draws attention to "amykos," an antiseptic fluid prepared in Upsala and extensively used all over Sweden and Finland. Its essential constituents seem to be boracic acid and thymol. Diluted with two or three volumes of water, amykos makes a good injection or irrigation in acute or in sub-acute coryza and syphilitic rhinitis. The author also found solutions of amykos very useful as collyria in acute conjunctivitis and as irrigations in catarrhal otitis. The best results, however, were obtained in acute and chronic gonorrhœa; the burning pain on micturition was immediately relieved, and after two or three days the discharge became mucous instead of purulent. It is well to

begin with weak injections (one part of amykos to four parts of water). After two or three days the strength of the solution may be gradually increased. In mild cases the disease was cured in about a week. When mucous discharge does not cease about that time, some astringent, such as sulphate of zinc or acetate of lead should be added to the amykos solution.

Lobar Pneumonia an Essential Fever.

In concluding an article with this title, Dr. J. S. Dorset (*Gaillard's Medical Journal*) says: "The microscope of many hundreds of diameters' power reveals the fact that bioplasts and migratory leucocytes are present in the living body, and that whole colonies of living animalcula swarm in the blood-vessels and tissues of the healthy system, trooping, so to speak, up and down arteries and veins like wild buffaloes, and keeping pace with the rhythm of the heart. Now, as abnormal temperature and function produce decided changes in the physical tissue, may not the effect of disease, by malnutrition and vitiation of cell nutriment, be the cause of the transformation of minute organisms into the bacilli found in the examination of diseased tissues, and thus lend color to the popular germ-theory of disease? Inoculation successfully performed does not prove the causative agency of such germs. Any putrid tissue is capable of starting septic fermentation, and, unless proper antiseptic treatment is adopted, may destroy life by toxic necramia, the greater or less malignancy of the process depending upon a variety of circumstances.

The Use of the Aspirator in Retention of Urine.

In the *Bristol Med. Chir. Jour.*, Dr. Fairbanks records a case in which the use of the aspirator for retention of urine proved of great service. The patient, aged 76, had suffered for some weeks from slight trouble in micturition. On February 17, 1886, he was seized with complete retention, and was relieved for three days by catheter; then difficulty arose in passing the instrument, and the author's aid was called in. On February 22d no instrument was able to be passed, and the symptoms being urgent, the aspirator was used. For the next fifteen days the whole of the urine, with the exception of that drawn off on one occasion by catheter, was passed through the needle of the aspirator. In all the bladder was aspirated thirty-two times. After this a

catheter was able to be introduced, and by degrees the patient obtained control over his bladder. From the author's experience in these cases, he never hesitates to aspirate if a catheter cannot be easily introduced when the symptoms are urgent.

Movable Spleen.

Dr. M. A. Lüken, of Cronstadt, reports (*Proceedings of the Cronstadt Marine Medical Society*, No. 2, 1886, p. 15,) an interesting case of extreme mobility of the spleen in an epileptic woman, who died at the age of 40. At the post-mortem examination, the spleen, measuring 15.5 by 7 by 3 centimetres, and enclosed in a smooth tense capsule, was found in the left iliac fossa. The hilus was connected with the centre of the greater curvature of the stomach by means of a band 9 centimetres in length and 6 in breadth, and the spleen could be easily and freely moved into every corner, however remote, of the pelvis and abdomen, without stretching the band. The splenic substance was of a dark red color, and presented numerous thin whitish strips of connective tissue. Dr. Lüken thinks that the epileptic fits of the patient might possibly have had something to do with the extreme mobility of her spleen. He says that this is the only case of the kind which he has met with in 8,152 necropsies made by him during the last fifteen years.

Glycerine in the Treatment of Acute Fevers.

Semmola prescribes glycerine diluted with water, to be taken in copious drinks during the whole day. At first 15 to 20 grammes for every twenty-four hours, dissolved in 400 to 500 grammes of water, to which are added a few spoonfuls of lemon juice or a few grammes of citric acid. The following is the formula: Pure glycerine, 300 grammes; citric or tartaric acid, 2 grammes; water, 600 grammes. Dissolve 20 to 30 grammes every hour. This solution forms a very agreeable drink, and is not displeasing even to patients affected with fever. The stomach is in no way incommoded by the medicine, which has been given in doses as high as 40 to 50 grammes per day without producing intestinal derangement. Under the influence of this medicine the quantity of urea diminishes from 6 to 7 grammes.

Stone and Cancer of the Bladder.

Especially in the cauliflower excrescences of the bladder stone formations have often been recorded. Dr. Roesener (*Münch. Med.*

Woch., 1887, p. 4), reports in detail two cases where oxalic acid concretions of considerable size were found besides carcinoma in the bladder of the patients. Judging from the probable age of the stones, R. believes that the irritation produced by the mulberry concretions gave rise to the malignant neoplasm. Of diagnostic importance in the case was the presence of numerous spindle cells in the urine, which fact caused the supposition of spindle-cell-sarcoma, but the autopsy proved their originating in the muscularis. R. also mentions, as a rarity, a third case, which concerned a patient who for 19 years had carried in his bladder a stone composed of phosphates, and weighing 5 oz. without having suffered from any decided disturbances of his general health, nor from any special local inconvenience. The stone was not encapsuled.

Renou's Method of Treating Diphtheria.

M. Barbot has applied Renou's treatment during three years with admirable success. During this period he treated fifty-one cases of diphtheria, forty-eight of which terminated favorably. The author employs fumigations. His method is to place on a petroleum stove an earthen pot full of boiling water, into which is put a tablespoonful of Renou's liquor every two hours for adults, and every three hours for children from 1 to 10 years; a constant temperature of 20° to 25° C. (68° to 77° F.) is maintained in the room, or still higher if possible. In large rooms he surrounds the patient's bed with large sheets nailed to the floor, thus forming a small room, in which a high temperature may easily be maintained. The patient's throat is never touched. The patient is nourished with roasted meat, boiled eggs, soups, milk, and good wine. Ninety-four per cent. of the slighter cases of this affection are cured by Renou's treatment.

Treatment of Malignant Pustule.

The *Paris Medical* of January 29 publishes notes of three cases of malignant pustule, described by Dr. D. Frederico Rivas, which were cured with paste composed of quinine powder and essential oil of turpentine. The first case was that of a woman suffering from a pustule on the metatarso-phalangeal joint. Various methods of treatment were tried without success. On the application of the quinine and turpentine paste the pain immediately ceased and the oedema disappeared; a scab alone remained, which came away on the fourth day. The paste was equally successful in the case of a shepherd who had

been stung by a fly in the lower portion of the temporal region; intense cedema of the head and neck ensued. A third case of malignant pustule was cured by the same treatment. The powder and essence should be employed in sufficient quantities to form a soft paste, which should be often renewed, as it dries rapidly.

Gastritis in Renal Disease.

In a paper before the Société de Biologie (*Le Progrès Méd.*, No. 9), M. Pilliet described the lesions of the gastric mucous membrane in the dyspepsia of renal and urinary disease. The lesions—observed in a large number of cases of different kinds of renal disease—comprise infiltration of the connective tissue in the round and fusiform cells in groups between the glands or in bands along the vessels. The gland tubules are diminished in number, much shortened, often dilated at their lower extremity, flattened superficially, and variously contorted. The cubical or prismatic cells are ill developed, as in the new-born, and show little or no formation of Nusebaum's peptic granules. The changes are best marked in interstitial nephritis, and resemble those described by Parrot in anthrepsia, those met with in chronic alcoholic gastritis and in cirrhosis of the liver, and in gastritis of tubercular subjects.

Rupture of the Bladder.

A patient was admitted into St. Bartholomew's Hospital on the morning of March 1 (says the *Lancet*), with symptoms of a ruptured bladder, in consequence of a blow on the hypogastrium whilst the bladder was distended. The injury had been received the previous evening, and Mr. Walsham operated soon after admission. A large quantity of urine escaped from the peritoneal cavity when the abdomen was opened, and a rent about an inch and a half long was found in the bladder wall. Sutures were used, passing through the peritoneal and muscular coats only; the abdominal cavity was irrigated with a 1 per cent. solution of boracic acid, and the abdominal wound closed as after ovariotomy. The patient suffered very little shock, and passed his urine naturally without the aid of a catheter every four hours. There has been no sign of peritonitis, and he may be looked upon as convalescent.

The Action of Cocaine on the Sympathetic.

Dr. Dürdöfi, of Moscow, draws (*Vratch*, No. 7, 1887, p. 175) the following conclu-

sions from experiments which he has lately made. 1. When introduced into the circulation, cocaine gives rise to prominence of the eyeballs, and dilatation of the pupils, phenomena dependent on stimulation of the sympathetic centres situated in the spinal cord. 2. Constriction of the vessels and quickening of the heart's action are also produced, probably through stimulation of the vaso-motor centres, as well as of the accelerating cardiac centres.

Local Thermometry in Small-pox.

The *France Médicale* of January 27 publishes a note of a communication, made by Dr. Montefusco (Naples), concerning local thermometry in small-pox. This author states that in small-pox there exists, in the splenic region, a constant increase of temperature relatively to that of the hepatic region and the abdominal walls. There is no constant relation between the local temperature of the spleen and the axillary temperature.

Bromide of Nickel in Epilepsy.

Da Costa recommends the following formulæ in cases of epilepsy. *Pills*—Bromide of nickel, 60 centigrammes; powdered marsh-mallow, 40 centigrammes; extract of gentian, 40 centigrammes. For twelve pills. *Syrup*—Bromide of nickel, 10 grammes; water, 120 grammes; Glycerine 15 grammes; Sugar 250 grammes. Bromide of nickel is prepared by saturating carbonate of nickel with hot hydrobromic acid, filtering and evaporating to dryness in a water-bath.

CORRESPONDENCE.

Forceps and Chloroform in Labor.

EDS. MED. AND SURG. REPORTER:

After carefully reading Dr. W. F. Mitchell's article in *REPORTER* of January 22, entitled "Midwifery in the Country," I concluded to reply, as his experience and mine is widely different regarding some points.

However, I wish to say that I most thoroughly agree with him regarding the use of the forceps. It is my opinion that they are used at least ten times when they should be but once. The wider the experience of the physician in obstetric practice, the less liable he seems to be to find it necessary to use the forceps. They are too often used by physicians who have a morbid desire to do some-

thing that will create a sensation, and the least delay in labor affords a pretext for their use.

The careful, intelligent country physician, who has an earnest desire to do the very best thing for his patient, seldom, *very* seldom, finds use for the forceps. Of course, occasionally they are necessary, and a physician would be guilty of the grossest malpractice not to use them.

Regarding the use of chloroform, in the hands of the careful practitioner, I consider it one of the grandest remedies ever introduced into obstetric practice. Dr. Mitchell says, "it certainly retards labor in most instances." This is entirely contrary to my experience. I have used it in over one hundred cases, watching it carefully in each case for the purpose of discovering if it exerted any detrimental influences over the patient, and in not one case have I discovered any bad results from its use.

On the other hand, I am satisfied that by its use I have shortened several cases of labor. Of course it is understood that chloroform is not to be given to produce perfect anaesthesia, but, only to the extent of semi-unconsciousness. Administered in this manner it has no effect over involuntary muscular action, consequently has no effect over the contraction of the womb; while by its peculiar action on the mind it controls voluntary muscular action. In this manner it assists, as the patient does not so readily yield to a desire to resist the natural impulses of labor.

I have a lady in my mind who is the mother of six children, the time she was in labor was as follows: The first three *without chloroform*: the first, twelve hours; second, twenty two; third, twenty-four. The last three I attended her, and *used chloroform*: first, nine hours; second, nine; third, eight hours.

On January 21st I attended a lady in her sixth confinement. She was in labor four hours; she never had taken chloroform before. After labor was over, and I was about to leave her, she expressed her thanks for (as she said) the easy time I had given her. She said she never had had such an easy time, and always had been longer in labor. I could cite many similar cases in my practice, but do not think it necessary.

Elba, Neb.

L. L. AMES, M. D.

—The present value of the Johns Hopkins endowment is said to be about \$5,000,000. It yielded a net income last year of about \$226,000.

NEWS AND MISCELLANY.

Jefferson Alumni.

The annual meeting of the Alumni Association of Jefferson Medical College was held last Monday at the College. Dr. Addinell Hewson was in the chair.

The Committee on Nomination of Officers presented the following report, which was adopted, and the secretary was instructed to cast one ballot for the following persons:

President.—S. W. Gross.

Vice-Presidents.—Elwood Wilson, Roberts Bartholow, R. J. Levis, F. H. Gross.

Corresponding Secretary.—R. J. Dunglison.

Recording Secretary.—Thomas H. Andrews.

Treasurer.—H. Augustus Wilson.

Executive Committee.—W. H. Warder, L. J. Deal, O. H. Allis, James Graham, J. M. Barton, Joseph Hearn, Henry Leaman, W. H. Webb, J. C. Wilson, George McClellan, Robert Coyle, A. K. Minnich, Joseph Van Buskirk, S. R. Stirling, T. C. Fulton, T. H. E. Gruel, J. H. Lopez, L. D. Judd, R. R. Stewart, D. D. Stewart, L. Webster Fox, Laurence Turnbull, Lee Lowengrund, James Robinson, Edward Graham.

Orator for Next Year.—Dr. Austin Flint, of New York.

The Committee on the S. D. Gross Professorship of Pathological Anatomy reported that the total amount received could not be stated, but that the faculty considered it sufficient to found the professorship, and would ask the favorable consideration of the trustees.

The treasurer reported a balance of \$5,868.

Dr. S. W. Gross, the newly-elected President, took his seat and returned thanks for the honor conferred.

Obstetrics in Dresden.

Professor Leopold has recently published in the *Centralblatt für Gynäkologie* an account of the management of the Royal Lying-in Institution at Dresden from the time when he began his official work there, that is to say, from September, 1883, to September, 1886. Excellent arrangements have been made to increase the efficiency of the institution as a hospital, as a training-school for midwives, and as a school of clinical obstetrics for medical students; and provision has been made for the comfort of the resident staff and pupils, hygienic considerations

not being neglected. Four thousand one hundred and twenty-eight deliveries occurred in the three years; 43, or 1 per cent., died; 20 of these, or 0.48 per cent., dying from septic infection, 13 of the 20 succumbing during an epidemic in the course of the first year; 3 of the same series were already septic when admitted. The 20 cases of death from infection were thus distributed over the three years: First year (epidemic), 14 cases; second year, 4; third year, 2. After the subsidence of the epidemic in the first winter, the strictest rules were enforced from May 1, 1884, at the same time that corrosive sublimate was introduced as an antiseptic. From that date till September 1, 1886, 3,196 deliveries took place, with 7 fatal septic cases (0.21 per cent.); subtracting 3 of these cases, which were admitted septic, 4, or only 0.12 per cent., succumbed to septic influences received in the institution. Between May, 1884, and the end of July, 1885, 1,686 deliveries without one fatal septic case occurred; this series included many very severe instrumental cases. In the total 4,128 cases, there were 463 operations (11.2 per cent.). This list includes 64 turnings, 54 craniotomies, 5 embryotomies, 29 induced premature labors, 25 detachments of adherent placenta, 33 removals products of abortion, and 15 Cæsarian sections. Puerperal convulsions occurred in 1 in 158 cases, placenta previa in 1 in 137, contracted pelvis in 7.3, and severe laceration of cervix, repaired by Emmet's operation, in 1 in 179. The forceps were used in 1 in 28 deliveries. These statistics speak highly for the value of the Dresden Lying-in Institution, both as a hospital of the greatest service to suffering women and as a rich field for clinical instruction.

After-effects of the Earthquakes on the Nervous System.

The *Lancet* says: It is curious to note that many persons who were calm and apparently not greatly disturbed by the earthquakes which recently occurred in the Riviera have since suffered seriously from the effects of shock. This fact shows, beyond the possibility of question, that more may be done in the way of injury to the nerves by an undue excitement that is at the time perceived, just as more may be done in the way of restoration to nervous health after an illness than is immediately evident. The explanation of these seemingly paradoxical effects is to be found in the fact—perfectly familiar to every student of nerve-troubles—that in a very special manner

health in respect to the nervous system is dependent upon the integrity or orderly performance of nutritive functions. Muscular tissue may be badly nourished for a time, as in the course of an ordinary illness, and as soon as convalescence is fairly established recovery of the wasted muscles will commence, use stimulating re-growth naturally, with the result of perfect recovery in a comparatively short time. It is not thus with nervous tissue, whether in brain, spinal cord, or nerve trunk. When from any cause nutrition is impaired in a nerve centre or branch, not only is there extraordinary difficulty in restoring the integrity of nervous function, but the wear and tear of ordinary life, even when these are reduced to a minimum, seem to increase the exhaustion instead of reducing it by stimulation of the recuperative faculty. The reason of this seems to be that nerve centres, like batteries, are apt to be discharged suddenly and sometimes unconsciously; and when once what may be termed the residual stock of energy is consumed, it takes a very long time and often extreme carefulness to restore this reserve. Until the loss of strength held in reserve is slowly accumulated by an excess of production over consumption, the nervous system is, so to say, working on its daily strength, and can have none of that buoyancy which is due to the existence of a stock of force which has been unexhausted. No doubt those present in the earthquakes, though calm, were subject to a severe strain, and they have not yet had time to recuperate.

A Physician's Reception.

Dr. Hunter McGuire, of Richmond, Virginia, one of the most prominent surgeons of the Southern army during the late war, delivered the annual oration before the Alumni Association of Jefferson College in the lecture-room of the College Hospital last Monday evening. His subject was "The Progress and Development of Medical Science."

Dr. McGuire graduated from Jefferson College about thirty years ago. His services during the war, and his career since then, led to his election as an associate member of the College of Physicians at their late centennial anniversary.

Dr. McGuire was introduced by the new President of the Association, Dr. Samuel W. Gross.

After the speeches, the guest of the Alumni was tendered a reception at the Bellevue Hotel, where an elaborate supper

was laid in the banqueting hall, around the pillar of laurel in the centre.

"Well, well," said Dr. Sayre, as he leaned on his cane, and surveyed the as yet undemolished pyramids of ice and fruit; "you Philadelphians beat New York when it comes to affairs of this sort. I suppose this is *Æsculapius*," he added, as he pointed to a large figure of an ices man stirring oysters in a mortar with a pestle. The distinguished doctor was then seated in the large arm-chair, sacred to the "baby" of the Clover Club, where he shared the honors of the evening with Dr. McGuire, and received the gentlemen whom Dr. Thomas Andrews, the promoter of the reception, presented to him. Among those present were the following physicians:

D. Hayes Agnew, R. J. Dunglison, L. A. Deal, T. H. Bradford, S. Weir Mitchell, William Ashton, Addinell Hewson, Jr., Ellwood Wilson, J. Solis Cohen, S. S. Cohen, H. C. Chapman, O. H. Allis, T. G. Morton, John H. Packard, F. H. Gross, T. Hewson Bradford, Orville Horwitz, L. Webster Fox, H. F. Hansell, Theophilus Parvin, Joseph S. Neff, Stephen F. Fuguet, William Thompson, and Messrs. W. H. Warder, C. Meigs Wilson, L. T. Gruel, J. Minis Hayes, Furman Sheppard, E. H. Wiel, Frank Woodbury, Professor J. W. Holland, and W. S. Forbes.

The Feats of an Armless Man.

There recently died at Potsdam, St. Lawrence county, New York, Richard Donovan, who was in some respects one of the most remarkable men in Northern New York. Twenty years ago, when a boy, Donovan worked in a flour mill. One day he was caught in a belt and received injuries that necessitated taking off both arms at the shoulders. This misfortune did not discourage him, and after recovering his health, he set about earning his livelihood as best he could without the use of hands or arms. Part of the time he had lived alone, and from the necessity of helping himself, he became wonderfully adept in performing all kinds of work, using his feet and mouth principally. He owned a horse, of which he took the entire care, harnessed it, fastened and unfastened the buckles with his teeth, and drove with the reins tied around his shoulders. Being in need of a wagon, he bought wheels and axles and built a box-buggy complete and painted it. He went to the barn one winter day and built a cow stable, sawing the timber with his feet, and with the hammer in one foot and holding

the nails with the other, he nailed the boards on as well as most men could with their hands. He dug a well twelve feet deep on a farm in this town, and stoned it himself. He could mow away hay by holding the fork under his chin and letting it rest against his shoulder. He would pick up potatoes in the field as fast as a man could dig them. He would dress himself, get his meals, write his letters, and in fact do almost anything that any man with two arms could do.

Medical Superstition in the Highlands.

Strange as it may appear to people of intelligence, it is an incontrovertible fact that in the Highlands of Scotland, as in the Continental Highlands, a belief in miracles, and in incantations and superstitious practices of the grossest nature in curing certain forms of disease still exists, of which the following incident, occurring the other day at a village on the west coast of Ross, is an illustration: A middle-aged fisherman was seized with a somewhat sharp attack of an eruptive disease, popularly known by the name of shingles, which, according to the local wiseacres, could be cured only by an application of blood drawn from a black cat with a knife or other instrument with which the umbilical cord of at least seven male children had been divided, and applied with a feather from the wing of a black domestic hen which had hatched not less than three broods of chickens. To this sanguinary ordeal the patient, at the solicitations of his friends, agreed to submit with becoming resignation and unquestioning faith in its efficacy. Having been undressed and laid on his back with his head towards the south, operator A walked round him three times with the cat, in accordance with the course of the sun. He then held the cat over the patient's breast, while B, with the proper instrument, cropped its right ear, and as the blood trickled on the sufferer's breast, besmeared it over the affected parts with the feather from the black hen, at the same time muttering incantations in the vernacular. Strange to say, the treatment failed to effect a cure, and as the patient is still unwell, he is about to undergo a repetition of the ordeal.

How he Earned his Fee.

A doctor named Francois (says the *Paris correspondent of the Philadelphia Times*) earned a hundred francs easily the other day, and had a good deal of fun into the bargain. A lady's pet dog swallowed a bank-note of the value of 1,000 francs. It was such an

accident as has happened before in the world's history, and it has usually resulted, when the amount lost was large, in the immediate death of the dog. In this case the lady would have sacrificed the bank-note rather than the innocent pup, so she set out at once for the office of her family physician, Dr. Francois. The doctor was first amused, and then puzzled. The lady was sure the dog had not chewed the note all to pieces, and she offered the physician ten per cent. if he should save it. He would have done his best to please a client, and so he tried the only remedy that seemed to offer hope. Doggy was placed in a chair and a pan was put in front of him. Then the physician administered an emetic. The dog took a whole glassful without protest and without effect, while his mistress stood by anxiously. After that the dog seemed disinclined to swallow more, but a little was forced down his throat, and then the smell of the dose became so disagreeable that what had been taken speedily appeared, and, happy to relate, the thousand-franc note was included. It was intact, and only needed a patient drying. Doggy recovered in a half hour.

Left-handed People.

The *Pall Mall Gazette* says that Dr. Louis Jobert has just published a book on "The Left-handed" (*Die Linkser*), in which he treats exhaustively of the class of persons who are more dextrous, if we may use such a pun, with the sinister than with the dexter hand. He says that no traveler has ever yet come into contact with a purely left-handed race, but there are some tribes which, from immemorial time have given preference to the use of the left hand. Among such tribes, however, not more than 70 per cent. are left-handed. It is sometimes the rule among such tribes to account the left-handed side, instead of the right, as the place of honor. He prints a curious appendix by Dr. Monro, who has made extensive studies of the physiological peculiarities of the criminal class. Dr. Monro asserts that he has found among condemned criminals 22 per cent. who were left-handed, while a comparative research among other persons has convinced him that the proportion of the left-handed is not above 9 per cent. This would seem a sort of justification of the moral application of the word "sinister."

Foreign University Intelligence.

Berlin.—The recent medical vacation classes have been well attended by foreign

practitioners. Out of 148 there were seven from England and Scotland, thirteen from North America, thirteen from Sweden and Norway, six from Brazil, and two from Japan.

Buda-Pesth.—Dr. David Onodi has qualified as *privat docent* in embryology.

Dorpat.—The Russian Ministry of War has arranged to give a grant of £250 to a laboratory and clinic that is about to be established in connection with the Veterinary School for the express purpose of investigating the subject of glands.

Gottingen.—Dr. Wolffhügel has been appointed Professor of Medical Chemistry and Hygiene, and Director of the Institute in connection with these subjects in succession to Professor Flügge, who has gone to Breslau.

Leipsic.—Professor Heubner, who had at first accepted the invitation to the chair of therapeutics at Prague, has, at the urgent solicitations of his friends, decided to stay in Leipsic.

A Vampire Legend.

The *Pall Mall Gazette* says that a landed proprietor, Baron de Gostovsky, living at Saboucz, near Danzig, made the request that at his death his head should be cut off before his interment, a service which he said he had performed on the body of his wife after her death. "We are a family of vampires," he added, "and if this precaution be not taken, we can find no repose in the grave, but come back and bring misfortune to our children." The eldest son faithfully fulfilled the father's request, but notwithstanding this, he fell ill a few days after the funeral. Then he went to the cemetery, caused the grave to be opened, turned the body over and threw the head into a wood near by. Only the slight punishment of a fortnight's imprisonment was imposed upon the perpetrator of the outrage, on account of the statement of numerous witnesses that the profanation of the sepulchre had its reason solely in the firmly-rooted superstitions in Lithuanian country districts.

Lunacy in Russia.

Professor Kovaleffski, of the Kharkov University, has stated that there are at least one hundred thousand lunatics in Russia. Only one-tenth can be accommodated in asylums, where, moreover, the treatment is generally defective. The keepers are for the most part rough men, who maltreat the un-

fortunates if not bribed to kindness by relatives. The nourishment is insufficient and of bad quality. Thousands of lunatics who cannot be accommodated in public or private asylums are to be met with everywhere in the country, often ill-used by the heartless, and sometimes taking their revenge by setting houses on fire or mutilating children.

Another Fasting Man.

There is another fasting man, a Norwegian named Cetli, who commenced to fast on March 10, at Berlin. He is being closely watched by a scientific committee, of which Professor Virchow is said to be chairman. Perhaps the most interesting fact yet reported is that the Berlinese have discovered a new descriptive term for a fasting man; they call him a "*Hunger virtuoso*."

Medico-Chirurgical College.

The sixth annual commencement of the Medico-Chirurgical College, of this city, was held in Association Hall on Thursday last, April 7. The degree of Doctor of Medicine was conferred upon a number of young gentlemen. The Dean of the Faculty, Dr. P. D. Keyser, delivered the annual address, while the alumni oration was delivered by Prof. Dudley S. Reynolds, M. D., of Louisville, Ky.

Epidemic of Trichinosis.

An epidemic of trichinosis is at present prevailing in the province of Leeland, in Holland. Trichinosis being unknown in Holland up to the present time as an epidemic, the disease spread for some time before its true nature was ascertained.

Personals.

—Dr. Richard J. Levis will be back from Paris about the 1st of May.

—Dr. Thomas G. Morton expects to take a flying trip to Europe this spring.

Items.

—A family of Florida natives recently passed through Gainesville, four of whom, boys from six to ten years old, were almost exactly the same size and weight. The father explained that where they came from the chills and fever were so bad that the children stopped growing when they were about six years old.